8	ĺ.	FOR Item 14 - 0	565 DEPAR	STATE OF MARYLAND THEALTH AND MENTAL HY	GIENE 8 2	06074
6	1.	STATE REGISTRAR 3/24/82 -	ilb	CERTIFICATE OF DEATH	REG, NO.	
		CEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26. HOUR
be 3	CIANG	NANN	16 L.	AARON	3-	- 21-82 3.27 pm
ê J	3. SE	The second secon	RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
90 (11)		emale	BLACK	12 - 6 - 10	172 VI	RS
9 43119	7a. B	RTHPLACE (STATE OR FOREIGN 7)	CITIZEN OF WHAT COUNTR	Y? 8 MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COU	NTY OF DEATH
de o de	-	uth Carolina	U. S. A.	WIDOWED DIVORCED	Balto	MD.
i 11 1/-	10 C	TY OR TOWN OF DEATH	 NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STR 		12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKE	126 KIND OF BUSINESS OR NG LIFE) INDUSTRY
2 2 4	1	15A LTIMORE	SINA	HOSPITAL	Homemaker	Home
MARYLAND 2 120 ed within 24 hours and 2 should be the	13a	AL RESIDENCE (IF NURSING HOME OR O TATE 136 COUNT	THER INSTITUTION GIVE RESIDENCE BEF 13c CITY OR TO	OWN 136 INSIDE CITY LIMITS?	13. STREET ADDRESS Bal	to., Md. 21215
AN fill 24	4	MD,	BAL	YES NO	14002 0	actord three
ARY		THER'S NAME	DDLE LAST	15 MOTHER'S MAIDEN N	aura	LAST
	-	Sam Samuel	Sta.			Goggins
BALTIMORE, cote be execu- ysicion and ci- ppers. Pages vol.		VAS DECEASED EVER IN U.S. ARM YES. NO OR UNKNOWN) (IF YES, GIVE		2000,20		aryland 21215 Dorithan Road
LTIM rs. Pe					Green J2J4.	
, 8A ircote pope invol.		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED		Slage F	Dans Din	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Lernif certif		5929 IMMEDIATE	CAUSE (a)	c stage x	ersect Da	Cont.
PRESTON ST he death cert ne attending emove corbot mation, or ret		6/9/	DUE TO, OR AS A CONSEC	DUENCE OF U		
e de ott		Conditions, if ony, which gove rise to immediate	(b)			
W. I by the series of the seri		cause to, stating the underlying cause lost	DUE TO, OR AS A CONSEC	DUENCE OF		
201 es th pleo urrol		PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING T	O DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION	GIVEN IN PART 11a
RDS,	NO O					
DIVISION OF VITAL RECORDS ING PHYSIC(JAN: The law requir or offending physicion. Wher this certificate has been signs the buriol-transit permit. Their hand Mental Hygiene prior to be orked or frem 18 shows any injury	CERTIFICATION	19a. DATE OF OPERATION	196. CONDITION FOR WHI	CH OPERATION WAS PERFORMED	200 AUTOPSY? 20b. II	F YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH?
TALRI The le	E				YES NO	YES NO
VITAL NN: The hysicion incore hyposicion incore		210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR 21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN ITEA	M 18 PART I OR PART ?)
PHYSICIA ending physicial this certification of the buriol-th of Membel did not be them.	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	19		
CISION (ISON) The bulk bulk bulk bulk bulk bulk bulk bulk	AED	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFI	211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
NG P offer the os the offer the os the orked	-	AT WORK AT WORK				
S A A A A A A A A A A A A A A A A A A A		220.1 certify that N (this hospita	i) ottended the deceosed from	2-19-19-8		, that-+t-(we) last
ATTE SSpite SCTO d for f. of m 21		sow the deceased alive on above, (1) (we) (did) (did nat)	view the body after death.	and that in (my) (our) opinial	n death occurred an the date and	
OR A DIRE oched Dept.		22b. SIGNATURE		DEGREE ATTENDING	MEDICAL STAFF	22c. DATE SIGNED
1 = 1 = 0		work	00	PHYSICIAN 122e ADDRESS	DIRECTOR PHYSICIAN	1 3/01/82
HOSPITAL ned by the FUNERAL old be detented by the State of the State		27d. PHYSICIAN'S NAME (TYPE &			14-00-0	RAIT
TO HOSPITA ettorned by TO FUNERA should be de with the Stot			BENEZER		HOSPITA	C, DAGO.
		BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	1 - 1	R. NAME OF CEMETERY OR CREMATORY rbutus Mem. Park	CITY OR TOWN	CONTRA MANAGEMENT
S/O BP	24 5		10/C/9			GISTRAR ATURE
DHMH - 16 50M 1/B1 (VRA 15, 4)	11	INAME / _ ALL	ADDRES	The contract of the contract of	MAR 22 1982	WALL STATE OF THE
	110	NOENT ENUTTED	Luneical Ham	G 3035 W. NORTH M	TO CO.	

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FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

		REGISTRAR				TOTAL OF DE		REG. NO),		
		CEASED NAME FIRE OR PRINTS	RST	MIDDLE	L	AST		20. DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
		Abrah	nam	XX		amowitz			h 16,		12:05a _M
	3 SE	X	4 RACE		S. DATE C		VEAD	6. AGE IN YEARS LAST BIRT		UNDER I YEAR	HOURS MIN
		MALE		ITE	NO	V. 8, 19	914	67	YRS.		HOURS MIN.
1		IRTHPLACE (STATE OR FOREK	SN 76 CITIZEN C	F WHAT COUNTE	RY? 8	XX NEVER MA	ARRIED T	9 BALTIMORE CITY OF	COUNTYO	FDEATH	
7		MARYLAND		SA	WIDOWE	DI DIVO	DRCED [Baltimo	re City	1	MD,
8		Baltimore	11. NAME O	F HOSPITAL, NUR SUCH FACILITY, GIVE STR / land Ger	RSING HOME C REET ADDRESS) Neral Ho	ospital	MOITU	120. USUAL OCCUPATION OF SALES REP		126. KIND C INDUSTRY MEN S	OF BUSINESS OR CLOTHIN
3	13a S	MARYLAND B.	OUNTY ALTIMORE	130 CITY OR TO BALTII	OWN	13d. INSIDE CIT	Y LIMITS?	13e. STREET ADDRESS 6641 SANZ	O RD.	#21	1209
C	14 FA	MORRIS	WIDDIE	ABRAMOW		15. MOTHER'S A	LAURA	MIDDLE		_	LINGER
>	160 V	NAS DECEASED EVER IN U YES NO OR UNKNOWN)	J.S. ARMED FORCES YES, GIVE WAR OR DATES!			17 INFORMAN		. SARAH ABRO			21000
		NO		215-1	4-4214	6641 8	SANZO I	RD. BAL	ro., M		21209
		18 CAUSE OF DEATH (EG PART I, DEATH WAS C	nter only ane cause p CAUSED BY: MEDIATE CAUSE (a).			Adenocar	cinoma				MATE INTERVAL ONSET AND DEATH
	NOIL		ich (b). ote the DUE TO, (c).	OR AS A CONSEC	OUENCE OF	NOT RELATED TO	O THE TERMI	nal disease or cond	ITION GIVEN	IN PART 110	a.
2	CERTIFICATION	190 DATE OF OPERATION	196 CON	DITION FOR WHI	ICH OPERATIO	N WAS PERFOR	MED	200 AUTOPSY?	20b. IF YES, V IN CERTIFYIN YES	NG CAUSES	NGS USED S OF DEATH?
7	MEDICAL CER	21a ACCIDENT WAS UNDERLY! OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL EX	OF DEATH HOUR	OF INJURY A.M. MONTH P.M. E OF INJURY	DAY YEAR	211. LOCATION		ED (ENTER NATURE OF INJUR	IN ITEM 18 PART		
	WE	WHILE NOT WHILE [STREET, FACTORY, OFFI		STREET		CITY OR TOV	/N	COUNTY	STATE
		220.1 certify that (A) (this saw the deceased al above, (A) (we) (did) (haspital) attended March	the deceased from	March	nd what in (m) (a	19 <u>82</u> ivr) opinion d	to March eath occurred on the da	te and haur a		that (1) (we) last causes stated
		22b. SIGNATURE	lake	1-Mr		PH	TENDING TYSICIAN	MEDICAL STAF		3/1	16/82
		220. PHYSICIAN'S NAME	Gent M.D.			C/O	Marvla	nd General	Hospit	al	
1	23a. E	BURIAL, CREMATION, REM	OVAL 23b DATE	8,1982		EMETERY OR CR EMUNAH		23d. LOCATION B'ALTIMO			RYLAND

DHMH-16 50M 1/81 (VRA 15, 4)

IMPORTANT: If Item 21 is marked ar Item 18 shave

24 FUNERAL DIRECTOR

SOL LEVINSON & BROS., INC. BALTO., MD 21215 6010 REISTERSTOWN RD.

#AR 19 1982 There gas large

C/B Daryland Concret Hospital

THE NAME

24 FUNERAL DIRECTOR SOL LEVINSON & BROS, INC.

BALTO., MD

6010 REISTERSTOWN RD.

250. DATE REC'D. BY REGISTRAR 250 AG SISTRAR'S SIGNATURE TO 10 10 1002

9 1982 6

3	1 -	FOR STATE REGISTRAR		DEPARTA		EALTH AND MENTAL HYG ICATE OF DEATH	IENE O &	0 6 0 / 6
	(TYPE	f-by	sentrus	A	-	ms.	20. DATE OF DEATH MONTH	1782 2.50pm
1	3. SE>	Female	whi	to	5 DATE O		6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
		RTHPLACE (STATE OR FOREIGN COUNTRY) MARYLAND	76 CITIZEN OF V	WHAT COUNTRY?		NEVER MARRIED	BALTIMORE CITY OR COL	E PITU
り	10. CI	ALTIMORE	11. NAME OF H	H FACILITY, GIVE STREET		ROTHER INSTITUTION	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK) HOUSEWIFE	126. KIND OF BUSINESS OR
5	13a. S M	ARYLAND	BALTO.	GIVE RESIDENCE BEFORE 13c. CITY OR TOW BALTIMO	'N	13d. INSIDE CITY LIMITS? YES NXX	3520 LANGREH	PT. 1-A IR RD. #21207
0	I4 FA	THER'S NAME FIRST JACOB	WIDDLE	KALVANSKY	7	15. mother's maiden na/ ADA	WIDDLE	BRILL
2			S. ARMED FORCES? ES, GIVE WAR OR DATES)	166 SOCIAL SECU 216-05-3			RROLL M. ADABRAM HR RD., APT. 1	
		Conditions, if any, whice gove rise to immediate couse (o), stating the underlying couse los	DUE TO, OF t. (c)	R AS A CONSEQUE R AS A CONSEQUE	ENCE OF	SCHEMIA	MAL DISEASE OR CONDITION	
29	L CERTIFICATION	190. DATE OF OPERATION 3/16/8 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO CAUSE OF	Z VA	scular	ed.	N WAS PERFORMED SOM SO 210 HOW INJURY OCCURR		FYES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES NO NO
1	MEDICAL	(IF EITHER NOTIFY MEDICAL EXA 21d INJURY OCCURRED WHILE NOT WHILE AT WORK	MINER) P./		19 ARM, ETC)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
		220. I certify that (I) (this saw the deceased alivabove (II) (we) (did) (d 22b. SIGNATURE	e on 3/1	7 19		d that in (my) (our) pinion of	eoth occurred on the date and	thour and from the causes stated
		22d. PHYSICIAN'S NAME (TYPE OR PRINT)	de	0	ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	3/17/82
		JORDAN	-Read	MD			I HOSPITA	14,
	230 B	URIAL, CREMATION, REMO SPECIFY) BURIAL	MAR. 18			EMETERY OR CREMATORY KODESH-BETH T	SRAFI BALTIN	MORE MARYLÄND

21215

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STATE OF MARYLAND FOR STATE REGISTRAR

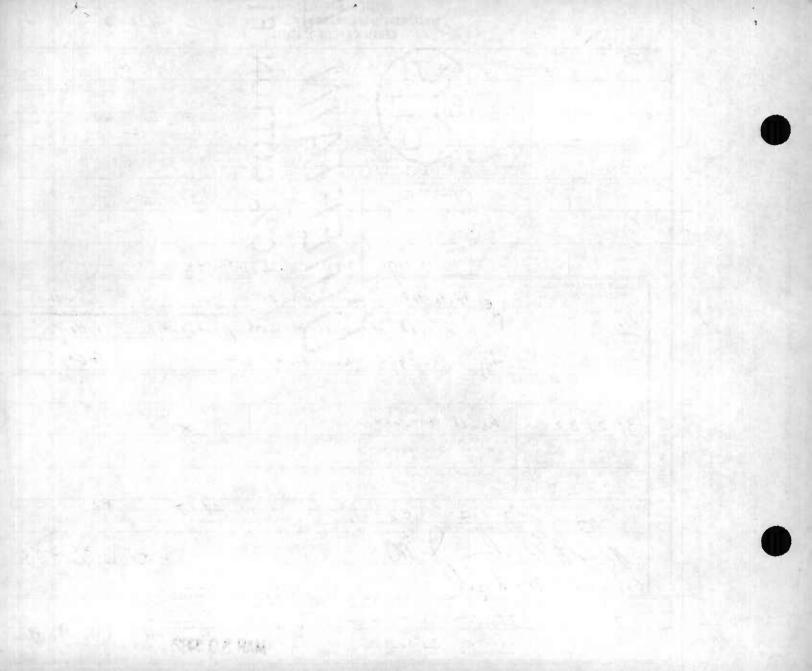
DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

		CEASED NAME FIRST	A	MIDDLE	i.	AST	20. DATE OF DEATH	MONTH	DAY	YEAR	2b HOUR
	(TYPE	OR PRINT) DAN	IEL	NMN	AT	DAMS		3	17	82	4:48a M
	3. SEX		4 RACE		5. DATE C		6. AGE (IN YEARS LAST I			DER I YEAR	IF UNDER 24 HRS.
	8	Male	Blac	ck	10	23 31 YEAR	50	YRS	MONTHS	SDAYS	HOURS MIN.
-		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.		9 BALTIMORE CITY			EATH	
10		Ga-	USA		WIDOWE	D NEVER MARRIED X	Baltimo	re Ci	.tv		AAF
10	10. CT	TY OR TOWN OF DEATH			G HOME C	R OTHER INSTITUTION	120. USUAL OCCUPA	TION	128		F BUSINESS OR
3		LTIMORE		S ADMINIS		ON MEDICAL C	TYPE OF WORK FOR MOS	OF WORKING	S LIFE) IN	DUSTRY	
5	13a S		OTHER INSTITUTION	Annapol		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 505 Che	sapea	ike A	venu	le
3	14. FA	THER'S NAME	WIDDEE	LAST		15. MOTHER'S MAIDEN NA	AME	7 1		LAS	
7	1	Emmitt		Adams		Aleane	WIDDLE	Tay	rlor	LAS	
			MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADD	RESS			
人			rean	262-42-0	038	Joey Adams	1616 Oat	St J	Tacks	onvi	lle, Fl
		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	ly one couse per D BY:	6 1 1 1	1 /						MATE INTERVAL
			E CAUSE	metastat	16 16	ing cancer				60	rentho
		1607	DUE TO, OI	R AS A CONSEQUE	NCE OF	truction wi	41 0.6.	. 4		11	
		Conditions, if ony, which gove rise to immediate	(b)	3000	003	7/00/10 21	in persor	7100		9 W	7
		couse (0), stating the underlying cause last.	DUE 10. 01	R AS A CONSEQUE	NCE OF	Carolina Gr	res			40	ays
		PART 2 OTHER SIGNIFICANT O	TO	NITPIRITING TO F	EATH DIST	NOT RELATED TO THE TERM	AINIAL DISEASE OR CO	NDITION	SIVENTIN	DARTI	
	Z O	TAKE 2 OTTEK STOTAL REALITY	.01401110143 <u>cc</u>	DIALKIDOLIIAO IO E	ZEATH BOT	NOT RECATED TO THE TERM	WINAL DISEASE OR CO	NUMBER	SIA EIA IIA	PART HO	
	CATI	19a. DATE OF OPERATION				N WAS PERFORMED	20a AUTOPSY?				GS USED
2	CERTIFICATION	3/12/82	BOW	rel utstr	uctio		YES NO		YES	CAUSES	OF DEATH?
2	CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	21b. TIME O	FINJURY M. MONTH DA	Y YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF IN	JURY IN ITEM 1	8 PART 1 O	R PART 2)	
7	CAL	(IF EITHER NOTIFY MEDICAL EXAMINER	10		19	STATE OF THE STATE					
1	MEDICAL	21d. INJURY OCCURRED	21e PLACE (OF INJURY	ARM. ETC.)	21f LOCATION STREET	CITY OR	TOWN	co	OUNTY	STATE
		AT WORK AT WORK				,					
		22a.1 certify that (I) (this haspe	~ /)	3 0	3/10/	19		2	19_		that (I) (we) lost
	500	sow the desposed alive an above, (I) (we (did) (did no	t) view the body	utter death		d that in (my) (our) opinion	death occurred on the	dote and h	our ond	from the	couses stated
		22b. SIGNATURE	n. 1	1 9	201	DEGREE ATTENDING	MEDICAL ST	AFF .	2	2c DATE	SIGNED
		Jered 11 11	ween	11	0	PHYSICIAN [DIRECTOR PHYS		-	3/	14/85
1		22d. PHYSICIAN'S NAME (TYPE O	w	4/		22e. ADDRESS					
1		certain 11.11	ina ing	er			RAVEN BLVD				
		SPECIFY) Burial	23b. DATE			EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN		cour	NTY	STATE
			3/31/8	32 G	reenw	ood Cem.	Jackson			F	lav
		n C'March F/H	1101 1	E. North	Δυο	25a. DA	TE REC'D. BY REGISTRA		ALCOO	SIGNAT	I withen
	1 17	0 1211 1/11	TTOT 1	M. TACT CIT	1700		TIPELL OF MOO	-		4	

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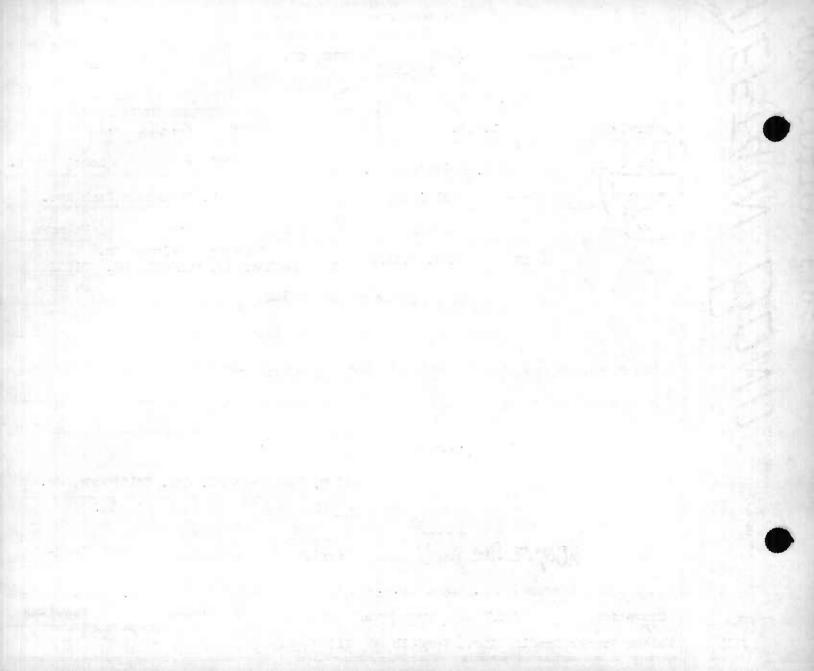
TO FUNERAL DIRECTOR:



	1	FOR - STATE		ARTMENT OF HEALTH AND MENTAL HY	YGIENE	0 6 0 / 8
		REGISTRAR Harry	E. ADDISON	CERTIFICATE OF DEATH	REG. NO.	
		CEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
y be		Harr	ry E.	Addison	3-	24-82 5 AM
mo, po	3. SE		4 RACE	5 DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
		Male	White	MONTH DAY YEAR	69 YRS	MONTHS DATS HOURS MIN.
	DE B	IRTHPLACE STATE OF FOREIGN	76 CITIZEN OF WHAT COUN	JTRY2 A	A BALTIMORE CITY OR COUNT	TY OF DEATH
		Maryland	USA	MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimore	0 144
# 24	10 0	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N	URSING HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION	12b. KIND OF BUSINESS OR
\$ 354	18	Saltimore	BOD SECO		(TYPE OF WORMONE PER PARKING	INDUSTRY Balto Ci
be t	-05U	AL RESIDENCE (IF NURSING HOME OR O	OTHER INSTITUTION, GIVE RESIDENCE	BEFORE ADMISSION)	Sen is a super standard	Water Debt.
Political S	1	md -	TY I3c CITY OF	TOWN 138 INSIDE CATY LIMITS?	111 - 17	21223 Crish Street
2 sh	14. F.	ATHER'S NAME	11921	15. MOTHER'S MAIDEN N		CTISIC STORET
19 3500		Hacry Tho	mas DA	FIRST	MIDDLE	LAST
S J Col		WAS DECEASED EVER IN U.S. ARA	- I ICAL	SECURITY NO. 17 INFORMANT	Emm	
Poges		YES NO OR UNKNOWN) (IF YES, GIVE	WAR OR DATES)	12-4575 Old 10 Pa	el M Addison/416	5 Parrish St
pers. ol.	AX	18 CAUSE OF DEATH Enter only	u and sauce per land for land		LITTERNY HELENON - 13	
phys novo rent,	11	PART I. DEATH WAS CAUSED	DBY: (VAIDA)	in hulmanned	apport	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
re r		1/100 IMMEDIATE	E CAUSE (o)	10 february	UKKEY.	minuts
e co on, o		7/00	DUE TO, OR AS A CON	SEQUENCE OF	andialinter	1 2
motic froc		Conditions, if any, which gove rise to immediate	(b) (1 (c) (1)	THEREOR MYDE	Raia anjar	of minus
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hen he bu	Z	6 AM IN SI IN	ONGITIONS CONTRIBUTING	O TO DEATH BUT NOT RELATED TO THE TER	RMINAL DISEASE OR CONDITION G	IVEN IN PART TIG
ny ir	CERTIFICATION	190 DATE OF OPERATION	19h CONDITION FOR W	HICH OPERATION WAS PERFORMED	20g AUTOPSY? 20b, IF Y.	ES, WERPFINDINGS USED
w o be	FIC		772 CONDITION 1	THE TOTAL AND THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OWN	IN CERT	IFYING CAUSES OF DEATH?
Hygie 18 sho	ER	21g. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21, HOW IN IURY OCCU	IRRED (ENTER NATURE OF INJURY IN ITEM 18	YES NO
		OR CONTRIBUTING CAUSE OF DEAT		DAY YEAR	TRED TENTER NATURE OF INJURY IN ITEM IS	PART I OR PART 2)
Mentol-tr Mentol or Hem	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED	P.M. 21e. PLACE OF INJURY	211 LOCATION		
ed o	ME	WHILE NOT WHILE	TAT HOME, STREET, FACTORY, O	FFICE, FARM, ETC) STREET	CITY OR TOWN	COUNTY
lith ork		AT WORK		3/301 0	9 9 9 66	0.9
Heo Heo	-	22a.1 certify that (I) this hospita		67.0	5, to	, 19 that (1) (we) (ast
t. of to	1	saw the deceased alive on obove, (1) [we) (did) did not)	view the body after death.		n death occurred on the date and ha	our and from the couses stoted
Dep F Re		22b. SIGNATURE	: 12 V)	DEGREE	MEDICAL	22c DATE SIGNED
J. T.		(Class	1 a / cu		MEDICAL STAFF DIRECTOR PHYSICIAN	3/24/82
the Stote		224 PHYSTCIAN'S NAME (TYPE OR	PRINT	22e, ADDRESS	116-11al stal +	auth and
should be a with the Sta		(Clavio a	14012 N	10 1200 seco	word plantings	Parles & Batte.
- 5 3 ≥	23a I	BURIAL, CREMATION, REMOVAL	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d LOCATION	The state of the s
0.0	1	Cremation	03/25/82	Westview Crematoriu	m Catonsville/B	alto /Md 21228
6 50M 1/B1		UNERAL DIRECTOR		Balto Md 21223 18 %	ATE REC'D. BY REGISTIN R 255, REGIS	LRAPE/SIGNATURE
A 15, 4)	W	alters Funeral H	Home/Pratt &	Stricker Streets	0 1387	

1655 LA 17 ALL TO SSTS UNL MENANTED FURTHER CHORN HEAVIET 28/25/10 applacement

FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME KNOWN 1 2a. DATE ADELUNG, SR. (nmi) (TYPE OR PRINT) STEADMAN OF ESTI-DEATH MATED 3-12-820 **RIXINIZIA** XXXX 3. SEX 4. RACE 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 5. DATE OF BIRTH DATE LAST BIRTHDAY) PRONOUNCED Aug. 7, 1922 59 3-12-82. DEAD male white 76. CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE O 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 THOUSE TO THE FUNER EXECUTE THE CERTIFICATE, WITHING THE WORD "PROBING" IN PROCIL IN ITEM 18. GIVE PAGES 11. 2, AND 31 OTHE FUNER PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM. 3. RETAIN PAGE 5 FOR TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL. TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE FILED, WITH AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF KITAL RECORDS, 201 W. PREBALTIMORE, MARRITAND 1,21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL. Maryland U.S.A. DIVORCED XX Baltimore WIDOWED 10 CITY OR TOWN OF DEATH II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS Local Gov't. POR MOST OF WORKING LIFE)
Driver Patterson Pk. Avenue Baltimore SIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) TO. STATE 13b COUNTY 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 844 N. Patterson Park Ave. Maryland Baltimore YES X NO [14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MICICILE Unknown Ida Sidney Adelung Mae 17 INFORMANT 16b SOCIAL SECURITY NO 16g WAS DECEASED EVER IN U.S. ARMED FORCES? Steadman Adelung, Jr. Yes 214.18.1137 1936 Holborn Rd. Dundalk, Md. 21222 CAUSE OF DEATH (Enter anly ane cause per line far (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Smoke and soot inhalation DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION 19a. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO [21g. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 UNDERLYING SOR CONTRIBUTING CAUSE OF DEATH MEDICAL caught in housefire 21d INJURY OCCURRED 21e PLACE OF INJURY STREET, FACTORY, FARM, ETC.) WHILE AT WORK 844 N. Patterson PKORTO AVe. Baltimore, Md. home 22a. I certify that I taak charge of the remains described above, held an and in my apinian Accident XX death resulted from: Natural causes Undetermined manner TITLE (SPECIFY) ACTUAL 3-12-82 MAssistant SIGNATURE MEDICAL EXAMINER SIGNED EXAMINER'S NAME ADDRESS 111 Penn Street (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Maryland 3/12/1982 Green Mount Crematory Baltimore Cremation 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 230 REGISTRAR'S SIGNLATURE **DHMH-17** Walter Brooks Bradley Inc., Dundalk Md 21222 (VR A15 ME (5)) 15M 2/80



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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

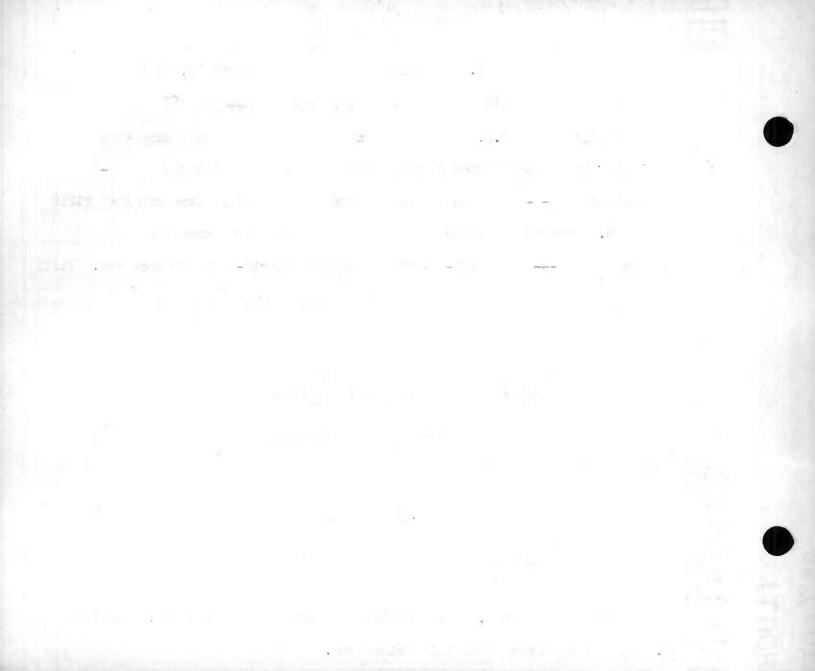
REG. NO.

Item 6 g566 4/26/82 gj

FOR

REGISTRAR

- STATE



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DHMH - 16 50M 1/BI (VRA 15, 4) FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

8 4.

0608

		REGISTRAR				CF	KHIFF	CATE OF DEATH		REC	G. NO.			
		CEASED NAME	FIRST		MIDDLE		LA	ST .	T	2a. DATE OF DE AT		DAY YEA	R 2b	HOUR
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		MALE		WHI	TE			27/1932 YEAR		49	YRS	MONTHS DA		JURS MIN.
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3	1	TY OR TOWN OF DEALTIMORE		MHO'L"	S HO	PKINS	HC	SPITAL		120 USUAL OCCUP TYPE OF WORK FOR MO MACHINE	OST OF WORKING	LIFE) INDUST	TRY	usiness or
5	13a. S	AL RESIDENCE (IF NURS STATE MARYLAND	13b. COUN		13c. CITY O	R TOWN	- 1	13d INSIDE CITY LIMITS' YES NO	3?	3e. STREET ADDRE	ss DONNEL	L ST.	212	224
C	14 FA	RALPH	N	NDDLE		ANDER		15. MOTHER'S MAIDEN BESSII		MIDDI	.E	PHE	LPS	
	16a V	VAS DECEASED EVER				L SECURITY I		17. INFORMANT			DRESS			
		YES, NO OR UNKNOWN)	KORE	WAR OR DATES)	235.4	16.3577	7	JUDITH W.	AL	EXANDER	(WIFE)	SAME	AS	13e
		18. CAUSE OF DEAT PART I. DEATH W	H (Enter anl	DV								BETWI	ROXIMAT	E INTERVAL
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		gave rise to ime	mediote	DUE TO OF							2 31.0 1.0			
		underlying cause		(6)	R AS A CON	ISEOUENCE	OF							
		PART 2 OTHER SIGN	NIFICANT CO		NTRIBUTIN	G TO DEATH	BUTN	OT RELATED TO THE TE	FRMIN	I AL DISEASE OR C	ONDITION G	IVEN IN PART	E I/o	
Н	NO N	Market All									0.10110110		.,,,,	
1	CERTIFICATION	19a. DATE OF OPERA	TION	19b. CONDI	TION FOR V	WHICH OPER	ATION	WAS PERFORMED	-	20a AUTOPSY?	20b. IF Y	ES, WERE FIN	DINGS	USED
2	Ę			14-14						YES NO		TIFYING CAU:		DEATH?
1	CER	21a. ACCIDENT WAS UNE	DERLYING [21b. TIME O			1	21c HOW INJURY OCC	URRE					.0
1		OR CONTRIBUTING		n	M. MONT	H DAY Y	EAR							
	MEDICAL	(IF EITHER NOTIFY MEDI		P./ 21e. PLACE O			19	21f LOCATION						
П	ME	WHILE NOT WE	HILE 🔲	(AT HOME, STR	EET, FACTORY, O	OFFICE, FARM, ET	(C)	STREET		CITY O	PRIOWN	COUNTY		STATE
		22a.1 certify that (‡)		A attended the	desected	-	3	117 10 0	77	. 2	114	10 8	,	~
Ш		sow the decease	ed alive an_	31	15	19 \$ 7	and	that in (my) (our) opinio	ian de	ath occurred on th	e date and hi	our and from	the cou	(I) we) last
	200	abave, (1) (we) (c 22b. SIGNATURE	did) (did nat)	view the bady	after death.	^		EGREE					ATE SIG	
		Mer	dea	2 #	rees	2	1	1 D ATTENDING		MEDICAL S	STAFF	3	11	4/88
	- 4	22d. PHYSICIAN'S NA		PRINT)	100			22e ADDRESS						
		WENE	DEII	511	REE	T	10	JOHNS HI	60	KINS	1-1051	TA	2	
	23a. B	URIAL, CREMATION,	REMOVAL	23b. DATE		23c. NAME	OF CE	METERY OR CREMATOR	RY	23d LOCATION	,	COUNTY		STATE
	_	REMATION		3/15/1	1982	GREEN	N MC	UNT CREMATO		BALTI	MORE	I		LAND
	24 FL	INERAL DIRECTOR						25a. C	DATER	REC'D. BY REGISTR	AR 256. REG !	STRAR'S SIGN	ATURE	

WALTER BROOKS BRADLEY INC., DUNALK, MD. 21222

THE PURE OF STREET, AND THE PROPERTY OF STREET, IN CASE OF STREET, IN The state of the s Poges

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If Item

MPORTANT:

STATE REGISTRAR DECEASED NAME (TYPE OR PRINT)

USUAL RESIDENCE Maryland FATHER'S NAME David

160 WAS DECEASED (YES, NO OR UNKNO

> 8 CAUSE OF PART I. DE

Canditions, gove rise t cause (o), underlying

no

CERTIFICATION

MEDICAL

SEX Female BIRTHPLACE Mary land CITY OR TOWN BALTIMOR

		DEPARTM	ENT OF H	E OF MARYLAND HEALTH AND MENTAL HY HICATE OF DEATH	GIENE &	Z.	NO.) 6	.,	3	
FIRST	MIDD	t E	ł	LAST	20. DATE OF	DEATH	MONTH	DAY YE	AR 2b	HOUR	_
ELSIE			ALKE	RN	MARCH	6,	1982		6	:05	PM
	4. RACE		5. DATE C		6. AGE (IN YE	ARS LAST E	IRTHDAY)	IF UNDER I	YEAR IF	UNDER 24 H	RS
	Caucasia	n	May	27, 1914 YEAR	67		YRS	MONTHS	DAYS HC	DURS M	IN.
TATE OR FOREIGN	76. CITIZEN OF WH	AT COUNTRY?	8.	D W NEVER MARRIED	9. BALTIMOR	E CITY	1110	Y OF DEAT	Н		
	U.S.A.		WIDOWE	- 44	BALTIN	10RE	CITY				MD.
OF DEATH	11. NAME OF HOS	PITAL, NURSING	HOME	OR OTHER INSTITUTION	120 USUAL C				ND OF BU		_
E	MARYLAND	GENERAL	HOSP	ITAL	Home I			LIFE) INDU	TRY	031	
(IF NURSING HOME O 134 COU Har	ROTHER INSTITUTION GIVE NTV 130 FORD K	CITY OR TOWN		13d. INSIDE CITY LIMITS?	13e STREET A	odress ant	706 Hill	Circl	2 2	21087	7
	L. S	moot		15. MOTHER'S MAIDEN N. Sadie	Мае	MIDDLE		Derfl	inger		
EVER IN U.S. AF	VE WAR OR DATES!	17-09-0		Pleasant Hil tastatic Mai	& Mrs. I	Ray le K	ress Br	ownle	y 7 Md.	06 2108	37
DEATH (Enter of ATH WAS CAUSE IMMEDIA	nly ane cause per line ED BY: TE CAUSE (a) Le f	for (a), (b), and t Adrena		tastatic Mal and, Inferio				9 BETY	PROXIMATI WEEN ONSE	I AND DEA	ТН
f ony, which a immediate stating the cause last.	DUE TO, OR AS	A CONSEQUENT LUNGS	(His	tory of Meso cenal Failure with Subacut						ers	
RSIGNIFICANT	conditions <u>cont</u>	RIBUTING TO DI	ATH BUT	NOT RELATED TO THE TER	MINAL DISEASE	OR COI	NDITION G	IVEN IN PA	RT I(a)		

PART 2 OTHE 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH?

210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY MONTH HOUR A.M. DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 211 LOCATION

YEXX

NOF

CITY OF TOWN

YES T

COUNTY

NO I

STATE

NOT WHILE 220.1 certify that X) (this haspital) attended the deceased from rebruary that X (we) last saw the deceased alive on March 6 obove, (We) (did) (d. 2001) view the body after death and that in (nextaur) apinian death accurred an the date and haur and fram the causes stated 22b. SIGNATURE DEGREE

STREET

22r. DATE SIGNED ATTENDING MEDICAL STAFF DIRECTOR PHYSICIAN X 22e. ADDRESS

2/0 JOSEPH GENT. M.D./ROBERT AMMLUNG 2 MARYLAND GENERAL HOSPITAL

230. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial Lake View Memorial Park Sykesville Carroll 3-8-82

PUNERAL DIRECTOR Loring Byers Funeral Directors Inc. 8728 Liberty Road Randallstown, Maryland 21133

250. DATE REC'D. BY REGISTRAR 25B/REGISTR IR

DHMH - 16 50M 1/81 (VRA 15, 4)

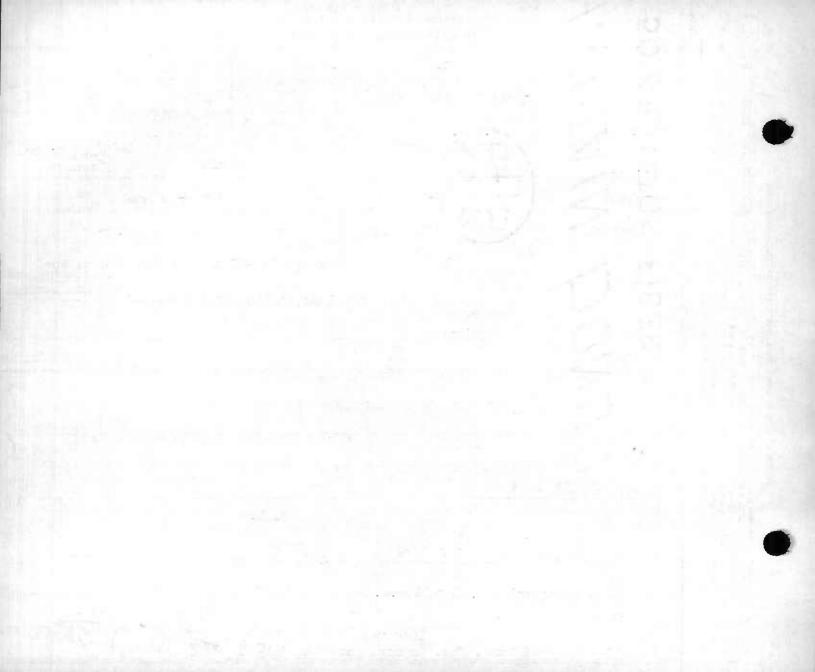
TO FUNERAL DIRECTOR

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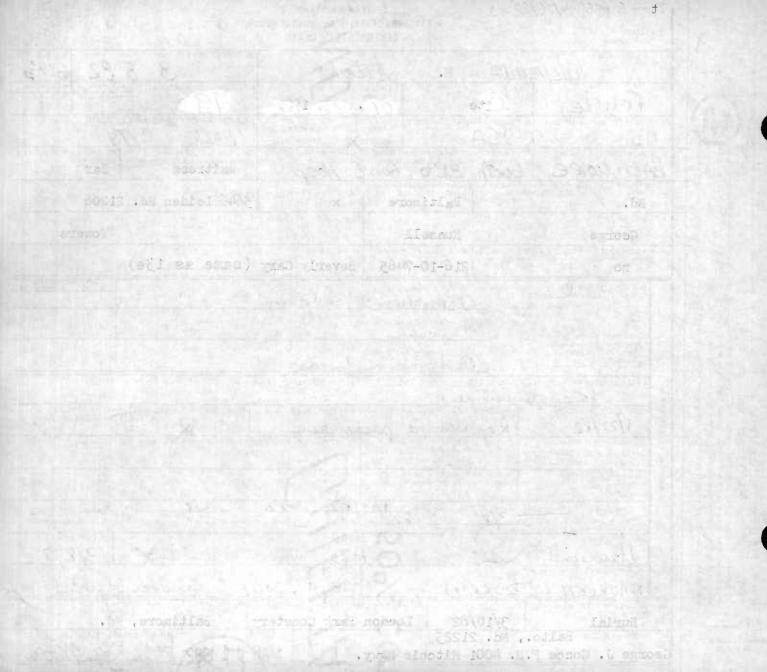


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A. ALLEN A. ALLEN OF ESTIMATED 3-4-8219 J. SEX J. SEX J. RACE J. DATE OF BRITH APPTI 18 B. AGE (IN-TAXE) IF UNDER 1 YR. BUDDER 24 HIS 3? J. DATE J. C. DATE J. DATE J. C. DA	8/1.	FOR STA				DEPARTMENT OF	HEALTI		ENTAL		3 fra	Ü	6	3 3	0
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In any Composition In any	£	ema	le w	ace nite	April 18	3, 1916 (AST 65	YEARS IF UI	VDER 1 YR.	IF UNDER	MIN	RONOUNCED DE AD		3-4-8	82 19	24 HO 5:5
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Maryland Baltimore YESK NO 1812 Tingram Road 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME 15. MOTHER'S MAIDEN NAME 15. MOTHER'S MAIDEN NAME 16. MOTHER'S MAIDEN NAME 17. MOTHER'S MAIDEN NAME	UST.				(IF NOT IN SUCH F.	ACILITY, GIVE STREET ADDRESS)	ILK IIVSTITE	TION	cr	erk working	LIFE)	LC		
HERDER M. A1491, Sr. Nora E. Kramer Last 169. WAS DECEASED EVER IN U.S. ARMED FORCES? 170. SOCIAL SECURITY NO. 219-20-7809 Herbert M. Allen, Jr. 119 Margate Road 170. INFORMANT ADDRESS 170. INF	1	Mar	yland	136 COUP	VTY			YES	NO 🗆	1	2 Ingra	am Ro	ad		
Tite No Or Underson The Test Off Person The Test Off Perso			Herbert						Nora	EN NAME	E.		Kramo		
PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE	160.	(YES, NO	D, OR UNKNOWN)							. Alle			Marga		
UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 19 21d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 22d. I certify that I taak charge af the remains described above, held an Autopsy Inspection X. Inquiry and in my apinian death resulted fram: Natural causes X. Accident Suicide Interpretation of the control of the	NO		lying cause lo	ist.	(c)			E OR CONDITIO	ON GIVEN IN PA	ART 1 (a).					
UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 19 21d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 22d. I certify that I taak charge af the remains described above, held an Autopsy Inspection X. Inquiry and in my apinian death resulted fram: Natural causes X. Accident Suicide Interpretation of the control of the	TIFICATI	190	. DATE OF OPE	RATION	196 COND	ITION FOR WHICH OP	RATION V	/AS PERFOR	RMED?				2		'? NO [X
AT WORK AT WORK 220. I certify that I taak charge of the remains described above, held an Autopsy , Inspection X. Inquiry , and in my apinion death resulted fram: Natural causes X. Accident , Suicide , Hamicide , Undetermined manner , TITLE (SPECIFY) SIGNATURE , M.D. ASSISTANT MEDICAL EXAMINER EXAMINER'S NAME (TYPE OR PRINT) ADDRESS 111 Penn Street 230. BURIAL, CREMATION, REMOVAL 235. DATE 230. BURIAL, CREMATION, REMOVAL 235. DATE 231. NAME OF CEMETERY OR CREMATORY 1231. LOCATION CONT.			DERLYING [NTRIBUTING [OR CAUSE OF	HOUR A./	A. MONTH DAY YE.	AR		Y OCCURRE	ED (ENTER NA	LTURE OF INJURY I	N ITEM 1B PAR	RT 1 OR PART 2)		
death resulted fram: Natural causes Accident Suicide, Hamicide, Undetermined manner, TITLE (SPECIFY) M.D. ASSISTANT MEDICAL EXAMINER SIGNED 3-5-82 EXAMINER'S NAME (TYPE OR PRINT) ADDRESS 111 Penn Street 236, BURIAL, CREMATION, REMOVAL 236, DATE	MEDI		HILE NO	OT WHILE	STREET, FAC						CITY OR TOWN		COUNTY	(STATE
(TYPE OR PRINT) Margarita A Korell M.D. ADDRESS 111 Penn Street 236 BURIAL, CREMATION, REMOVAL 1736. DATE 236. NAME OF CEMETERY OR CREMATORY 1234 LOCATION CONT.		AC	eath resulted fr				Svicide	, Hami	SPECIFY)	Undete	mined manne	r 🔲,			**
Birial 3-0-1902 Oak Lawn Ballimore Maryland state	230.	(TY	PE OR PRINT) AL, CREMATION	N, REMOVAL			D.	ADDRESS_	111	Penn S	Street		COUNTY		7475
24 FUNERAL DIRECTOR 1050 York Road 250. DATE REC'D. BY REGISTRAR 250 REGISTRAR 250 REGISTRAR 250 REGISTRAR	R	uck		n Funer	ral Home,	Inc. Towso			d MA	R 8	1982	spres	6 Hay	my man	555



	Item 6 g566 L			F MARYLAND		1 0 0 1
X	FOR STATE REGISTRAR		CERTIFIC	ALTH AND MENTAL HYGIE ATE OF DEATH	REG. NO.	500/
60 th	(TMPE OR PRINT)	ILHEMINA M.	ALL	eN	20. DATE OF DEATH MONTH	8 82 6:45 M
XX	3. SEX Female	4 RACE White	S. DATE OF	22, 1961	AGE (IN YEARS LAST BIRTHOAY) 81 80 YRS	IF UNDER LYEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN
	79 BIRTHPLACE (STATE OR FORE	USA	MARRIED		BALTO C	Y OF DEATH MD.
by the filed	BALTI MORE	2 SOUTH BAL			20 USUAL OCCUPATION (TYPE OF WORKFOR MOST OF WORKING L Waitress	IFE) 12b. KIND OF BUSINESS OR INDUSTRY
AND 21:	Md.	SY ME OR OTHER INSTITUTION, GIVE RESIDE 36 COUNTY 130, CITY BA 140 Bal	timore		5646 Leiden Rd.	21206
MARYLA ompletely ond 2 sh	14 FATHER'S NAME FIRST George		sell	S MOTHER'S MAIDEN NAME FIRST	WIDDLE	Towers
IMORE,	160 WAS DECEASED EVER IN (YES, NO OR UNKNOWN) (IE VES CINE WAR OR DATEST		Beverly Gary	(same as 13e)
RDS, 201 W. PRESTON ST., BAI equires that the death certificate in signed by the attending physical Then please remove carbon paper it to busial, cremation, or removal, injury, or other traumotic event, th	Conditions, if ony, gove rise to imme couse (o), stating underlying cause	which diote the DUE TO, OR AS A CO	onsequence of working of the working		I AL DISEASE OR CONDITION GI	VEN IN PART 1(o)
DIVISION OF VITAL RECORDS, NG PHYSICIAN: The low requir of office of the state of the state of the burlot-tronsit permit. Then the ond Mental Hygiene prior to be orked or Item 18 shows any injury orked or Item 18 shows any injury	190 DATE OF OPERATION 190 DATE OF OPERATION 1/22/82 210 ACCIDENT WAS UNDER OR CONTRIBUTION CA	REPLACENT 216. TIME OF INJURY HOUR A.M. MON	NTH DAY YEAR		YES NOW IN CERT	S, WERE FINDINGS USED IFYING CAUSES OF DEATH? ES NO PART 1 OR PART 2)
DIVISION OF DING PHYSICIA or oftending p After this certif e os the buriol-i olith and Mental marked or Item	GIFEITHER, NOTIFY MEDICAL 21d. INJURY OCCURRE WHILE NOT WHILE AT WORK AT WORK	D 21e, PLACE OF INJURY	Y 2 Y, OFFICE, FARM, ETC.)	II LOCATION STREET	CITY OR TOWN	COUNTY STATE
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TO HOSPITAL Cretoined by the TO FUNERAL Eshould be detoo with the Store EMPORTANT. If	MAUREA 230. BURIAL, CREMATION, RE (SPECIFY)	EMOVAL 23b DATE		SBGH , 300	23d. LOCATION CITY OR TOWN	COUNTY STATE
7000BP	Burial	3/10/82	Loudon	Park Cemetery	Baltimore, REC'D. BY REGISTRAR 256. REGIS	
DHMH-16 50M 7/77 (VR A 15 (4))	LANDAIL	alto., Md. 21225 ce F.H. 4001 Rit	PHEOD		1 1 1082 P1	Wather .



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- In the State Dept. of Health and Mental Hea

DHMH - 16 50M 1/81 (VRA 15, 4)

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FOR STATE STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

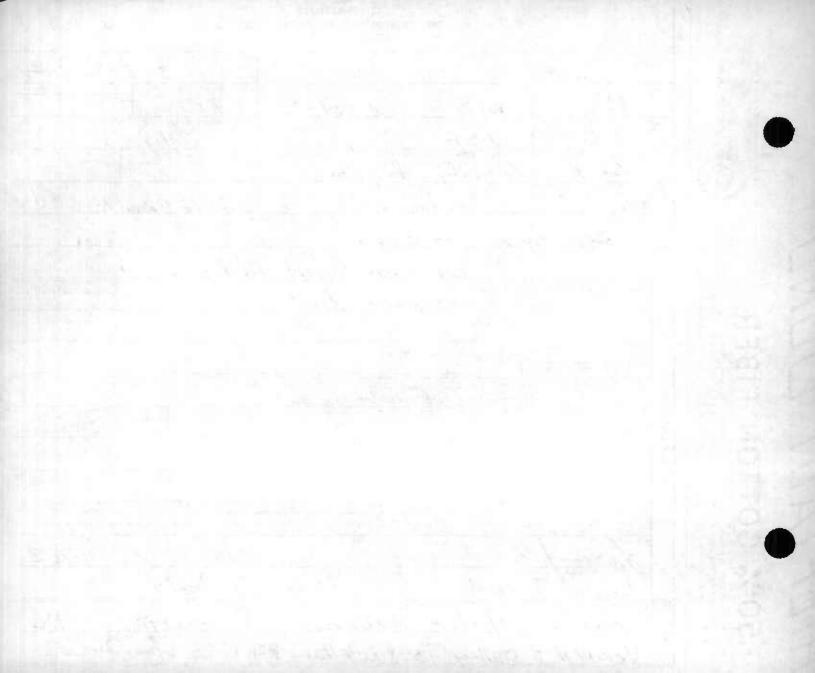
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	REG. NO.			

	REGISTRAR		CENTI	IIICAIL OI	LATII	REG. N	0.		
	CEASED NAME FIRST JONAH	WIDDLE	A	LSTON	二三首	MARCH]	MONTH	1982 YEAR	12:05A
3 SE	X	4 RACE	5. DATE	OF BIRTH		6. AGE (IN YEARS LAST BI	RTHDAY)	IF UNDER 1 YEA	AR IF UNDER 24 HRS
	MALE	BLACK	4	1 PAY	1900	8	1 YRS	MONTHS DAY	S HOURS MIN.
	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT	COUNTRY? 8	D MENER		9 BALTIMORE CITY			
	NORTH CAROLINA	USA	WIDOV	IED NEVER	VORCED	BALTIMO	RE C	ITY	MD
10 C	ITY OR TOWN OF DEATH BALTIMORE	11. NAME OF HOSPIT (IF NOT IN SUCH FACILIT JOHNS HO		OR OTHER INS		120 USUAL OCCUPAT (TYPE OF WORK FOR MOST (OF BUSINESS OR
130.	AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN	NTY 13c. CI	TTMORE	13d INSIDE C	ITY LIMITS?	13. STREET ADDRESS	ATR	LANE.	
14 F/	ATHER'S NAME FIRST	MIDDLE	LAST	15. MOTHER	MAIDEN NAM	AE MIDDLE			LAST
W	TIJITAM		ALSTON	FR	ANCES				ALTERS
	WAS DECEASED EVER IN U.S. AR	MED FORCES? 16b SC	OCIAL SECURITY NO.	17 INFORMA	NT	ADDR	ESS		
	NO		7-09-1093	DELO	RES BEAT	RD 2110	STN	CLATR I	ANE
	18 CAUSE OF DEATH (Enter on	ly one couse per line for							OXIMATE INTERVAL IN ONSET AND DEATH
	PART I. DEATH WAS CAUSE	D BY: TE CAUSE (o) CC	rclioper	mone	1110 /	insert	1	m	inches
TION	underlying couse lost PART 2. OTHER SIGNIFICANT C								
CERTIFICAT	190. DATE OF OPERATION	196 CONDITION F	OR WHICH OPERATI	ON WAS PERFO	RMED	200 AUTOPSY?	IN CERT	'ES, WERE FIND TIFYING CAUSE YES	DINGS USED ES OF DEATH? NO
MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED	P.M.	ONTH DAY YEAR 19 JRY	211. LOCATIO		ED (ENTER NATURE OF INJU			
X	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACT	ORY, OFFICE, FARM, ETC)	STREET		CITY OR TO	WN	COUNTY	STATE
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22- 1	22d, PAYSICIAN'S NAME (TYPE O	& Selu	Inumm	22e ADDRES	PHYSICIAN D	ourector physic		Ban	U/82 U 21205
	BURTAL (SPECIFY) BURTAL	3/15/82		CEMETERY OR		23d. LOCATION CITY OF TOWN) E	COUNTY	STATE
24 F	UNERAL DIRECTOR	3/13/82	MI. AU	BURN CEI		BALTIMOF REÇ'D. BY REGISTRAR		CTD COV CLOSE	MD
3	WM. C. MARCH F	/H 1101	E. NORT	H AVE.	MAF	7 1 5 1982	pane	so San	Tarthen

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	& Section Inches Berein	

BALTIMORE, MARYLAND 2120

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,



ROBERT ALTENBURG FUNERAL HOME. INC.

6009 Harford Rd., Balto., Md. 21214

FOR

DHMH-16 30M 2/80 (VRA 15. 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	1.	STATE REGISTRAR			ICATE OF DEATH	REG. NO.	2004	1993
of 19		CEASED NAME FIRST BABY	GIRL		ERSON	03/26/82		100R
Const	3. SE	X	4 RACE	5. DATE O		6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOU	NDER 24 HRS
	_	EMALE	BLACK	MAR	26 1982	YRS.		20
1 20		RTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT CO	UNTRY? 8. MARRIEI	NEVER MARRIED	9 BALTIMORE CITY OR COUNT		
11 20		RYLAND ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL	WIDOWE		BALTIMORE (MD
201 by th	BĀ	LTIMORE	THE JOH	NS HOPKI	NS HOSPITA	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LI	12b. KIND OF BUS INDUSTRY	SINESS OR
PRESTON ST., BALTIMORE, MARYLAND 2120 he death certificate be executed within 24 hours he overneam physician odd completely filled in by emore representation of completely fi	13a. :	AL RESIDENCE (IF NURSING HOME OR STATE THE COUN	VTY 13c CITY	DR TOWN IMORE	YES X NO	13e STREET ADDRESS 4411 POWELL	AVE	
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IMORE on ond co		VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 166 SOCI	AL SECURITY NO.	17 INFORMANT	ADDRESS		
Tricote Shysica		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	ally ane cause per line for (a D BY: TE CAUSE (a)	diae	arrest		APPROXIMATE I	NTERVAL AND DEATH
STON S		7798 Conditions, if ony, which	DUE TO, OR AS A CO	NSEQUENCE OF	2 to B	reach		
by the of stemps of the remain other tree	1	gave rise to immediate cause (0), stating the underlying cause last.	DUE TO, OR AS	SEQUENCE OF	Turita			
805, 20 T significant of the please of the p	Z	PART 2. OTHER SIGNIFICANT (CONDITIONS CONTRIBUT	NG TO DEATH BUT	NOT RELATED TO THE	INAL DISEASE OR CONDITION GIV	EN IN PART 1(a)	
DIVISION OF VITAL RECORDS, NG PHYSICIAN: The low requires this certificate has been signs the burial-tronsit permit. Then the and Mental Hygiene prior to backed or flem 18 shows ony injury.	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATION	N WAS PERFORMED	IN CERTIF	S, WERE FINDINGS LEYING CAUSES OF D	USED DEATH?
N OF VITA BSICIAN: Ting physicing certificate rical-tronsitiental Hygis frem 18 sh		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MON	ITH DAY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN ITEM 18 I	PART 1 OR PART 2)	
DIVISION DING PHYSI or attending After this ce e os the burn olth and Mee	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21¢ PLACE OF INJURY (AT HOME, STREET, FACTORY		211. LOCATION STREET	CITY OR TOWN	COUNTY	STATE
TTENDI pital or TOR: A for use of Heal		220. I certify that (I) (this hospin saw the deceased alive an abave, (I) (we) (did) (did na	3/26	10 8200		2 ta 3726 death occurred on the date and hou	19 2 that ((I) (we) last
AL OR A the hos AL DIREC letoched ore Dept. T: If them		226. SIGNATURE	da I	verla	MATTENDING PHYSICIAN	MEDICAL STAFF	22c. DATE SIGN	
TO HOSPITAL retained by the TO FUNERAL should be detown with the Store limited to the Management of the Store limited to the Management of the Store limited to the Store limited		22 L PHYSICIANIS NAME (TYPE O	ENDA C	SIERHA	27e ADDRESS 601	n. Broadu	Jany_	
Q = 2 = 3 <u>X</u>	23a. E	BURIAL, CREMATION, REMOVAL	236. DATE 2/202	23c NAME OF CE	METERY OR CREMATORY	23d. LOCATION	COUNTY	wit.
63 DHMH - 16 50M 1/B1	24 FI	INERAL DIRECTOR	12/0/0/2	NOTINS /	DPAINT TOSIL	FREC'D. BYREGISTRARY B. REGIS	Para legisla	111-
(VRA 15, 4)	1	NAME	A	DDRESS	APR	1 1982 prime	0	

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1 - STATE DEPARTMENT OF HEALTH AND MENTAL H	
REGISTRAR MEDICAL EXAMINER'S CERTIFICATE C	OF DEATH REG. NO.
1. DECEASED NAME FIRST MIDDLE A COCHE (TYPE OR PRINT) Dorothy Action Dorothy	20. DATE KNOWN MONTH DAY YEAR 26 HOUR OF ESTI- DEATH MATED 3 3 23 1982
Dorothy 3. SEX 4. RACE 5. DATE OF BIRTH MONTH DAY YEARS 6. AGE (IN YEARS IF UNDER 1 YR. I	
LAST BIRLEDAT) MONTHS DAYS HOURS	MIN PRONOUNCED
BIRTHPLACE (STATEOR 7b. CITIZEN OF WHAT COUNTRY? 8	A RAITIMORE CITY OR COUNTY OF DEATH
Temale white 12.22 54 yrs. BIRTHPLACE: (STATE OR FOREIGN COLLEGE) (STATE O	Paltimone City
WIDOWED DIVORCE DID CITY OR TOWN OF DEATH III. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS
Baltimore Baltimore WSUCH FACILITY, GIVE STREET ADDRESS) TO9 Van Lilli Street USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE REFORE ADMISSION)	FOR MOST OF WORKING LIFE) OR INDUSTRY
USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a, STATE 13b, COUNTY 13c, CRYOR FAM. 13d, INSIDE (ITY LIMITS? YES NO	130 STREET ADDRESS LEW SE.
HE SOLVE STATES NAME FIRST MIDDLE LAST FIRST FIRST MIDDLE LAST	EN NAME MIDDLE LAST
166. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, MO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 166. SOCIAL SECURITY NO. 17. INFORMANT	ADDRESS
18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic cardiovascu	approximate interval Between onset and Death
Conditions, If any, which gave rise to immediate cause (a) stating the under-	
1 Signal Contributions Contribution to Death But not related to the terminal disease or condition given in Part 2 other significant conditions Contribution to Death But not related to the terminal disease or condition given in Part 2 other significant conditions.	
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS CONTRIBUTION FOR WHICH OPERATION WAS PERFORMED? 190. DATE OF OPERATION 190	RT 1 (a).
196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	2D AUTOPSY?
ATALON OF THE STATE OF THE STAT	YES NO 🔀
216. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 19 216. INJURY OCCURRED STREET, FACTORY, FARM, ETC.) 216. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING OR CONTRIBUTING STREET STREET STREET.	ED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)
VOIS A STREET FACTORY, FARM, ETC.) NOT THE CONTRIBUTION OF THE CO	CITY OR TOWN COUNTY STATE
220. I certify that I took charge of the remains described above, held an Autapsy Inspection death resulted from: Natural causes Accident Suicide, Suicide, Homicide	Inquiry , and in my opinion Undetermined manner ,
ACTUAL SIGNATURE M.D.ASSISTANT	MEDICAL EXAMINER SIGNED 4/4/82
EXAMINER'S NAME (TYPE OR PRINT) Hormez R. Guard, M.D. ADDRESS 111	Penn Street, Balto,MD 23201
BP 236 BLATAL CHEMATICAL REMOVAL 736 DATE 136 WAME OF CEMETERY OF CHEMATICAL AT 182	anni Crundit (8 till
O 10 4 DHMH-17 (VR A15 ME (5)) 15M2/80 24. FUMERAL DIRECTOR TACHOLOGY TO THE PROPERTY OF TH	R 1 3 198/ Proces Conflictor



2	4	19	1 -	FOR STATE REGISTRAR			DE	PARTMENT OF	E OF MARYLAND TEALTH AND MEN TICATE OF DEA	ITAL HYGI	ENE O 22	Ü	6 0	9 4
			1. DE	CEASED NAME	FIRST		MIDDLE		LAST		20. DATE OF DEATH		AY YEAR	76 HOUR
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1000	200		3 SE			RACE	2	5. DATE			6. AGE (IN YEARS LAST BE			IF UNDER 24 HRS
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	ero 72	31		MC (COUNTRY)	\	1 1.	SA	WIDOW	D NEVER MAR	RIED 🔛	BAIS	, ,	59	
	e fun	p	10 CI	TY OR TOWN OF DEA		1. NAME OF	HOSPITAL,	NURSING HOME	OR OTHER INSTITU		120 USUAL OCCUPAT	ION	12h, KIND OF	BUSINESSOR
5	ofte y the	30	B	altimore	1000	(IF NOT IN SU	CH FACILITY, GIV	E STREET ADDRESS)			(TYPE OF WORK FOR MOST	OF WORKING LIFE	INDUSTRY	
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Q	24 h	3	130 3	mo	136 COUNT	Υ	13c. CITY O	timore	YES X NO		13e. STREET ADDRESS	C		4
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MARYLAND	d wi	- EDr		Eli: ah	M	DDLE		AST	FIRST		MIDDLE		a LAST	J.E. Jack
	conte	0	16a V	VAS DECEASED EVER	IN U.S. ARM	ED FORCES?	166 SOCIA	L SECURITY NO.	17 INFORMANT	(ra	ADDR	ESS	Daile	20
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ALTI	cson cson	the the			L.F.				1110 wara	/	Inderson	107	E. 41	ST. ST.
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×	y th	ther		couse (a), stating underlying couse		DUE TO, C	R AS A CON	ISEQUENCE OF						
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08,3	sign sign	lury,	Z	PART 2. OTHER SIGN	IIFICANT CO	ONDITIONS C	ONTRIBUTIO	G TO DEATH BUT	NOT RELATED TO	THE TERMIN	NAL DISEASE OR CON	IDITION GIVE	N IN PART 110	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.	een it. T	, j	ICATION	19g DATE OF OPERAT	ION	TION COND	ITION FOR	A/HICH OREDATIO	N WAS PERFORME	D	20a AUTOPSY?	Tank IE VES	WERE EINIDING	20.000
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O Z	ing cer cer	Mentol or Item	MEDICAL	(IF EITHER NOTIFY MEDIC			.M.	19	2W LOCATION					
isio	PH tend the b	ed or	ME	WHILE O NOT WHI			OF INJURY	OFFICE, FARM, ETC)	21E LOCATION STREET		CITY OR TO	NWO	COUNTY	STATE
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	ospill ECTC d fo	f. of m 2		above, (1) humand	id) (ald non	wey the body	other death.	17 - 1,0) opinion de	eath occurred on the d	ote and hour		
	OR he h	Uep If he		226. SIGNATURE	1	1			DEGREE	NDING	MEDICAL STA	EE I	22t DATE SI	GNED
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	TO FUNI should b	With the Sto		1. 6.	10	XEK	JA	no	14	500	~ _			
	T Z	> 22	23a B	URIAL, CREMATION, I	REMOVAL	23h DATE		231 NAME OF	EMETERY OR CREA	AATORY	23d LOCATION		COUNTY	STATE
601	BP			Burio	1	3/26	182	Arbutu	s mem,	Ph.	Balto		Co	me
6	HMH - 16 50M		24 FL	INERAL DIRECTOR			AD	DRESS		250 DATE	REC'D. BY REGISTRAR	25b. REGISTR	AR'S SIGNATUR	RE
	(VRA 15, 4	1)	W	m. C. mai	rchE	11 11	01 8.	North	Ave.	MAR	23 1982 2	esnes	Van 96	There

Commercial Control HSN : GM. Ballin ore Marcesity Hoces Batter ore X 121 N. Corey St. Om Bailey Anderson Clara NA NA 212-30-9601 Howard & Anderson 904 E. 41st St. 1111 the state of the s BURNESS TO Duried . 3/26/82 Albertes Many 64 Calto Co mis LOW COMMON FAIR ILDE S. NOOFTH ADD. 181 182 21 22 21 22 21 22 Baltimore x 2726 Windhester St. 019 213-20-4033 Carryon Warton 2726 WWELLETH Parried 3/24/82 Arbutus men to Bestimore Co. D. mo HOW. C. MILLION EXH THOSE E MONTH ADD. WIRE 22 1882 STEEL HITE

FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME MIDDLE 26. DATE KNOWN MONTH 26 HOUR (TYPE OR PRINT) OF ESTI-Thomas Anderson DEATH MATED 1982 4 RACE 6. AGE (IN YEARS 3. SEX 5. DATE OF BIRTH IF UNDER 1 YR. IF UNDER 24 HRS 9:25 2c. DATE LAST BIRTHDAY PRONOUNCED 10 71 Black 2 25 Male DEAD 1982 76 CITIZEN OF WHAT COUNTRY? 70. BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY! Fla. USA WIDOWED DIVORCED Baltimore City D. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12a. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS FOR MOST OF WORKING HEEL OR INDUSTRY Baltimore SHOULD BE ! Union Memorial Hospital USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a STATE 13h COUNTY 13d. INSIDE CITY LIMITS? 33rd. St. Baltimore YES X NO [14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST FIRST MIDDLE LAST BALTIMORE 17. INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. ADDRESS DIVISION PAGES (YES, NO. OR UNKNOWN) Hilda Anderson 802 E. 218-03-4334 33rd. St. No CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BURIAL - TRANSIT PERMIT. BETWEEN ONSET AND DEATH MENTAL HYGIENE, N, OR REMOVAL. PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate DIVISION OF VITAL RECORDS, 201 W. cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING 1D DEATH BUT NOT RELATED 1D THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) USED AS A CERTIFICATION 19a DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? JRIAL. 20 AUTOPSY? 5 FORWARDED TO THE CH TOR: PAGE 3 SHOULD BE U THE STATE DEPARTMENT O AND, 21201 PRIOR TO BUR YES [KKON 21a EXTERNAL CAUSE WAS 216 TIME OF INJURY 216. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M 21e PLACE OF INJURY (AT HOME 21d. INJURY OCCURRED 21f. LOCATION EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 SAFTER DEATH, WITH THE STATE DEFENDENCE, MARYLAND, 21201 PF STREET, FACTORY, FARM, ETC.) STREET WHILE AT WORK AT WORK CITY OR TOWN COUNTY STATE Inspection X 22a I certify that I took charge of the remains described above, held an Autopsy Natural couses XX death resulted fram. Accident Homicide Undetermined manner TITLE (SPECIFY) ACTUAL DATE Assistant MEDICAL EXAMINER 3-27-82 SIGNATURE EXAMINER'S NAME Virginia L. Dolan, M.D. III Penn Street (TYPE OR PRINT) ADDRESS 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23r. NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY Baltimore Mb Mt. Auburn Cem. 4/2/82 Burial 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE **DHMH - 17** NAME nuther (VR A15 ME (5)) 1101 E. North Ave. March F/H 15M2/80

3000 E. Baltimore St.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2b. HOUR

126 KIND OF BUSINE

Repair

APPROXIMATE INTERVAL

STATE

Howard

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COUNTY

22c. DATE SIGNED

DHMH - 16 50M 1/81

(VRA 15, 4)

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG.	NO.		

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	REGISTRAR			CERTIF	ICATE OF DEATH	REG. NO			
(8. H)	1 DECEASED NAME (TYPE OF PRINT) Chi	ristina I	widdle vnn		ndrew	3-27-82		AY YEAR	12:45P
TIAI	1 SEX	4 RACE		5. DATE C		6. AGE (IN YEARS LAST BIRT	HDAY)	FUNDER I YEAR	IF UNDER 24 HRS.
8	Female	Cau	casian	MARC	CH 25 1982		YRS.	ONTHS BAYS	HOURS MIN.
10 PD	BIRTHPLACE (STATE OR FO	REIGN 76. CITIZEN OF	WHAT COUNTRY?	8 AAA DDIE	D NEVER MARRIED X	9 BALTIMORE CITY OF		OF DEATH	
12 25	Maryland	U.S.	Α.	WIDOWE		Balti	more	City	MD.
21 300	10. CITY OR TOWN OF DEAT	(IF NOT IN SU	CHEACHTY GIVE STREET	ADDRESS!	OR OTHER INSTITUTION	120 USUAL OCCUPATION			F BUSINESS OR
23 美	Baltimore	Johr	ns Hopki	ns H	ospital	infant	WORKING LIFE	INDUSTRY	
10 35	UAL RESIDENCE (IF NURSIN Md .	Talbot	13c. CITY OR TOWN	N	13d INSIDE CITY LIMITS?	13e. STREET ADDRESS Willis	St.		
100E	14. FATHER'S NAME	MIDDLE	LAST		15 MOTHER'S MAIDEN NAM	MIDDLE MIDDLE			
de la Company	Kenneth	E.	Andrew		Rose	Marie		Perl	kins
dicol	160. WAS DECEASED EVER IN	U.S. ARMED FORCES?	16h SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRES	SS		
S. Po	(YES, NO OR UNKNOWN)		NONE		Kenneth I	E. Andrew			va, Md
oper ovol. nt, th	18 CAUSE OF DEATH	IEnter only one couse pe S CAUSED BY:	r line for (a), (b), and	d (c).)			Tell I	BETWEEN	MATE INTERVAL
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Serve crem other	couse (o), stating underlying couse	the DUE TO, C	R AS A CONSEQUE	NCE OF	0	10			
Sor interior	DART 2 OTHER SIGNIII	(c)_	ON TRIBUTION OF TO P	E A TILL BUILT	NOT DELL'ATED TO THE YEAR			1	
to be		FICANT CONDITIONS C	ON TRIBUTING TO L	JEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE OR COND	II ION GIVE	N IN PART 180	
mit. I	190. DATE OF OPERATION 210. ACCIDENT WAS UNDER	ON 19b. COND	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES,	WERE FINDIN	GS USED
hos per		, which				YES NO NO	IN CERTIFY YES	ING CAUSES	OF DEATH?
Cate ansi Hygi 8 sh	21a. ACCIDENT WAS UNDER		OF INJURY		21c HOW INJURY OCCURR				
ertifical-t	OR CONTRIBUTING CA	OSE OF DEATH	M. MONTH DA	19					
d Me	(IF EITHER MOTIFY MEDICA 21d. INJURY OCCURRE		OF INJURY REET, FACTORY, OFFICE, FA	DM FEC.	211 LOCATION	CITY OR TOW	/N	COUNTY	STATE
fter f os th h on rkeo	AT WORK AT WORK	TATTIONE, 31	REET, FACTORT, OFFICE, FA	ARM, EIC)		4.4			5,416
R: A		his hospital) attended th	e deceased from_	3-6	7 1982	, to acut	, 1	9	that (I) (we) lost
of the series of	sow the deceosed obove, (I) (we) (dia	olive on	after death.	on on	nd that in (my) (our) opinion d	leath accurred on the da	te and hour	and from the	ouses stoted
At DIRE detached ate Dept IT: If Iter	226. SIGNATURE	etsix Bi	MB		DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF	an a	3-6	11-82
should be deto with the State [IMPORTANT: If	22d. PHYSICIAN'S NAM	AE (TYPE CRPRINT)	-<		22e ADDRESS	1 1	11	Sa.V.	1
With WPO	DC136	03001	~		Johns	Hopkins	110	Spita	4
	230. BURIAL, CREMATION, RE (SPECIFY)				EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN		COUNTY	STATE
	Burial 24 FUNERAL DIRECTOR	3-30	-82 S1	t. Jo	oseph's	Cordova		albot	Md
1 A SOMA 1 /D1	24 TUNERAL DIRECTOR				TA DATE	REC'D. BY REGISTRAR 2	Sh. REGISTR	AFSIGMAN	IRE

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etained by the hospital or attending physician. TO HOSPITAL OR ATTENDING PHYSICIAN, The

DHMH - 16 50M 1/B1 (VRA 15, 4)

Newnam Funeral Home

Easton, Md.

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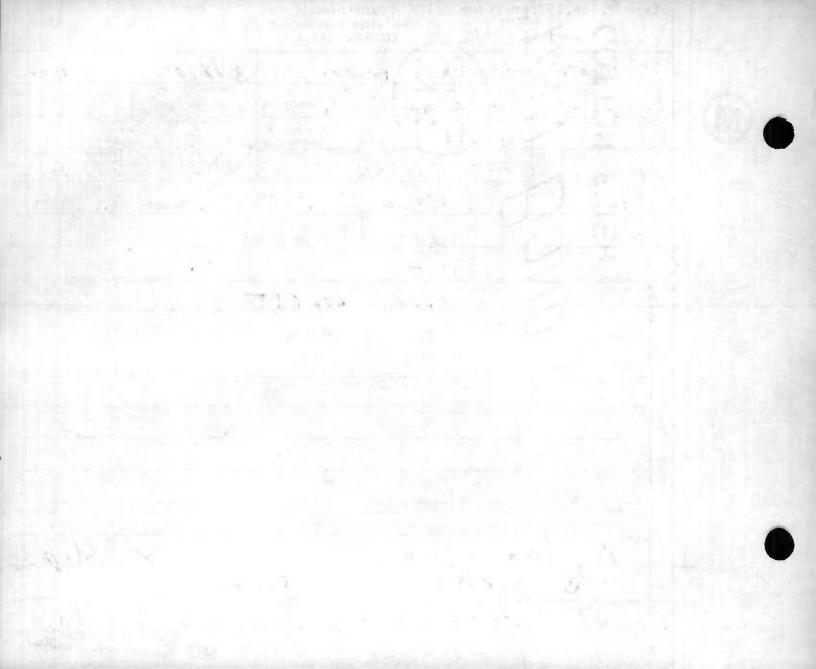
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		ems 4,13e,15 per phone 3/10/82 STATE OF MARYLAND FOR dad STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE THOM:	6100
		REGISTRAR I tem#1 &5 5/18/84 mtb CERTIFICATE OF DEATH REG. NO.	
1 21	1. DE	CEASED NAME FIRST MIDDLE LAST 10 DATE OF DEATH MONTH D. 3 18/82	AY YEAR 2b HOUR
	3 5 6		IF UNDER 1 YEAR IF UNDER 24 HRS ONTHS DAYS HOURS MIN.
	5 79 B	IRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED WIDOWED DIVORCED DIVORCED	OF DEATH MD.
oy the floor	1 2	TO OR TOWN OF DEATH TO NAME OF HISSPITAL MURAIMO HOME OR OTHER INSTITUTION (TYPE OF WORK FOR MOST OF WORKING LIFE	
BALTIMORE, MARYLAND 2120' cate be executed within 24 haurs a ysician and completely filled in by apers. Pages 1 and 2 should be file on the medical examination in the medical examination.	13a	ALRESIDENCE IN JUNE 150 CACHE ASSISTED OF RESCRIPTION ADMISSION 130 INSIDE CITY LIMITS? 130 STREET ADDRESS YES NO 1 306 S. Duncan	St. 21231
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MORE, And nond con Pages 1 g	16	NAS DECEASED EVER IN U.S. ARMED FORCES THE SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	
Ph mp		AS CAUSE OF DEATH. Enter only one cause per line for 10 , (b), and (c) PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (0) CARDA AKRES T	APPROXIMATE INTERVAL RETWEEN ONSET AND DEATH
W. PRESTON S at the death cer the attending se remove carbo cremation, or re the traumatic		7690 Canditions, if any, which (b) Senere RDS	
		gave rise to immediate cause (a), stating the underlying cause last	
S e e e	NO	PART 2. OTHER SIGNIFICANT CONDITIONS <u>CONTRIBUTING TO DEATH</u> BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVE	N IN PART 1(a)
ALRECO he faw r on. has bee t permit. iene prio	CERTIFICATION		WERE FINDINGS USED //ING CAUSES OF DEATH?
ON OF VITAL HYSICIAN: The ding physicia physicial burial-transit Mental Hygie or frem 18 sho	ICAL CER	216. ACCIDENT WAS UNDERLYING OF INJURY OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 216. TIME OF INJURY AMONTH DAY YEAR 19	RT I OR PART 2)
DIVISION OF VITAL RECORDS, NG PHYSICIAN; The law require oftending physician. After this certificate has been sign on the building permit. Then the and Mental Hygiene prior to be orked or them Is shows any injury orked or them Is shows any injury.	MEDIC	21d. INJURY OCCURRED WHILE AT WORK 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21l. EOCATION STREET CITY OR TOWN	COUNTY STATE
TTENDI or or o			9, that (I) (we) last and from the causes stated
OR A DOS		226. SIGNATURE DEGREE	22c. DATE SIGNED
TO HOSPITAL of vertained by the TO FUNERAL I should be detained with the State I IMPORTANT: If		22d. PHYSICIAN'S NAME (TYPE OR PRINT) STRAWS 22e. ADDRESS BCH	
010 BP	230.	BURIAL, CREMATION REMOVAL BILLDATE 382 PLANE OF CEMETERS OR CREMATORY THE LOCATION OF CEMETERS OR CREMATORY	COLATY WE STATE
DHMH - 16 50M 1/76 (VR A 15 (4))	24 F	UNERAL DIRECTOR ADDRESS AND MAR 5 1982 TIMES	



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1	/	FOR			DEPAR		E OF MARYLAND EALTH AND MEN	TAL HYGIE	NE 8 2	0	6 1	0 2
1	1 -	STATE REGISTRAR					ICATE OF DEAT		REG. N	10.		
	(TYPE	CE ASED NAME	ARRI	E.	J,	AT	KINSOI	N 2	e. DATE OF DEATH	-	007	MIDNIGH
10	3. SE	FEMAI	E	RACE BL	ACK	5. DATE C		** 02 °	79,			FUNDER 24 HRS HOURS MIN.
10	No	rth Caroli	.na	USA	HAT COUNTRY	MARRIE	DIVORO	CED	BALTIMORE CITY O		10RE	CITYO
38	B	ALTIMO	KE/	Universi	ty Of M	arylar	nd Hospita	al	TYPE OF WORK FOR MOST		12b. KIND OF E INDUSTRY	SUSINESS OR
33	130 \$	MD	NG HOME OR C	THER INSTITUTION, G	IVE RESIDENCE BEFO	RE ADMISSION)	13d. INSIDE CITY LI	D	STREET ADDRESS	LLERS	Poin	T RD
30	Al	ther's NAME len			hifer		15 MOTHER'S MA	IDEN NAME	WIDDLE	A	llison	
2 medico		(AS DECEASED EVER ES NO OR UNKNOWN)		MED FORCES?	6b SOCIAL SEC		17 INFORMANT Luther A	tkinsc	n 4917 Gi		rive	
injury, ar ather traumo	NOI	Conditions, if ony, gove rise to imm couse to: stoting underlying couse PART 2. OTHER SIGN	the lost.	DUE TO, OR. (b) DUE TO, OR. (c) DINDITIONS CON	MET AS A PINSER	DEATH BUT	ATIC DIVM NOT RELATED TO T	TO	LUN al disease or con	G S &	N IN PART 1(o	
2 out	CERTIFICATION	190 DATE OF OPERAT		1-0,33		H OPERATION	N WAS PERFORMED		200 AUTOPSY?	IN CERTIFY YES	h-d	
Hem 18 8	MEDICAL CE	210. ACCIDENT WAS UNDO OR CONTRIBUTING C (IF EITHER NOTIFY MEDIC	AUSE OF DEATH	P.M.	MONTH D	PAY YEAR		OCCURRED	(ENTER NATURE OF INJU	RY IN ITEM IS PA	RT I OR PART 2)	
rked or	MED	WHILE NOT WHI AT WORK NOT WHI	E D	21e. PLACE OF	T, FACTORY, OFFICE.	FARM, ETC)	21f. LOCATION STREET		CITY OR TO	IWN .	COUNTY	STATE
n 21 is mo		22a. I certify that (1) sow the decease above. (11)		patended the March	19 19	0-7	d that in (my) (and)	82 opinion dea	th occurred on the d	ote and hour		ot (1) (we) lost uses stoted
ZT #		226. SIGNATORE	Ceba	llo 1	10				MEDICAL STA		3/19	182
MPORTANT		L. CEY	3AL	LOS			UNIVER	SITY	0 F ,	MARY	LAND"	HOSPITI
	{ 5	URIAL, CREMATION, F Burial	REMOVAL	3/25/82			Memoria]		23d. LOCATION CITY OR TOWN Arbutus	, Mary	county land	STATE
	24 FU	C. March	F/H 1	101 E. N	Vorth Av	renue		250. DATE R	22 1982	25h REGISTR	ASSA	eillus

this certificate has been signed by the attending physician and completely filled in by the Lamber of Lond 2 should be filed.

injury, or ather troumotic event, the

FOR STATE REGISTRAR

1. DECEASED NAME (TYPE OR PRINT)

FEMALE

LOUNTRY)
MARY LAND

3. SEX

VIOLA

STATE OR FOREIGN

ALM

WHITE

76 CITIZEN OF WE

4 RACE

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

DEPARTM	NENT OF H	E OF MARYLAND EALTH AND MENTAL HYO ICATE OF DEATH	GIENE 🕉 🔏 🛈	6 1	0 3
DLE	L	AST	20 DATE OF DEATH MONTH	DAY YEAR 21	HOUR
A	AUGU	ST	MARCH 21, 1982		8:00 PM
	5. DATE C MONTH		6 AGE (IN YEARS LAST BIRTHDAY) 56 YRS.		OURS MIN.
AT COUNTRY?	8.	NEVER MARRIED	9. BALTIMORE CITY OR COUNT	Y OF DEATH	
	WIDOWE		BALTIMORE CITY		MD.
SPITAL, NURSING ACILITY, GIVE STREET A DENERA	DDRESS)	PITAL	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING) SEAMSTRESS	12b. KIND OF E INDUSTRY CLOTH	
E RESIDENCE BEFORE C. CITY OR TOWN BALT IMOE	V	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS 562 LUCIA AVEN	NUE, 2122	9
PANON I		15. MOTHER'S MAIDEN NA FIRST ANTOINET	TE	CONSA	LVO
SOCIAL SECUR	RITY NO.	17 INFORMANT	ADDRESS		
218-12-6	6033	PAUL E. AUGU	ST, SR. 562 LUC	CIA AVENUI	E,21229
e for (a), (b), and CARDIAL		RCTION		APPROXIMA BETWEEN ONS	TE INTERVAL ET AND DEATH
S A CONSEQUE		T FAILURE			

	MARYLAND	U.S	A .	OWED DIVORCED	BALTIMORE CITY	M
В	ALT I MORE	MARYLA	CHEACHITY, GIVE STREET ADDRESS NO GENERAL H	OSPITAL	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE SEAMSTRESS	12b. KIND OF BUSINESS OF INDUSTRY CLOTHING
130.	MARYLAND	GHOME OR OTHER INSTITUTION BLOOUNTY	13c. CITY OR TOWN BALT IMORE	13d. Inside city limits? YES 😾 NO 🗌	13e. STREET ADDRESS 562 LUCIA AVENU	JE, 21229
	ATHER'S NAME FIRST LORETTO	MIDDLE	PANONI	15. MOTHER'S MAIDEN NA FIRST ANTOINET	TE MIOOLE	CONSALVO
	NAS DECEASED EVER IN YES, NO OR UNKNOWN) (U.S. ARMED FORCES? (IF YES, GIVE WAR OR OATES)	16b SOCIAL SECURITY N 218-12-603	Section of the second	ST, SR. 562 LUC	
	DADT I DEATH WAYAS	S CAUSED BY. MMEDIATE CAUSE (0) DUE TO, C which ((b) C	r line for (a), (b), and (c) YOCARDIAL IN OR AS A CONSEQUENCE C ONGESTIVE HE)F		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
MEDICAL CERTIFICATION	cause (a), stating underlying cause PART 2 OTHER SIGNIF	the lost. QUE TO, Co. ICANT CONDITIONS CO. MELLITUS; S		BUT NOT RELATED TO THE TERM DISEASE; OBEST	20a AUTOPSY? 20b. IF YES	WERE FINDINGS USED YING CAUSES OF DEATH?
	21a, ACCIDENT WAS UNDER IT OR CONTRIBUTING CAU (IF EITHER NOTHEY MEDICAL 21d IN JURY OCCURRED) WHILE NOT WHILE AT WORK AT WORK	ISE OF DEATH HOUR A EXAMINER) P 218. PLACE (AT HOME ST	M. MONTH DAY YE	19 211. LOCATION	RED (ENTER NATURE OF INJURY IN ITEM 18, P.) CITY OR TOWN	COUNTY STATE
	saw the deceased	olive on March 2	ne deceased from Marc 1, 1982, 82 ofter death.	DEGREE ATTENDING PHYSICIAN [22e ADDRESS	death accurred on the date and hour MEDICAL STAFF DIRECTOR PHYSICIAN XX GENERAL HOSPITAL	9 82 , that (X (we) los and from the couses stated
	BURIAL, CREMATION, REA (SPECIFY) BURIAL		and the second second	DF CEMETERY OR CREMATORY HOLY REDEEMER	23d LOCATION CITY OR TOWN BALTIMORE CITY	COUNTY MARY LAND

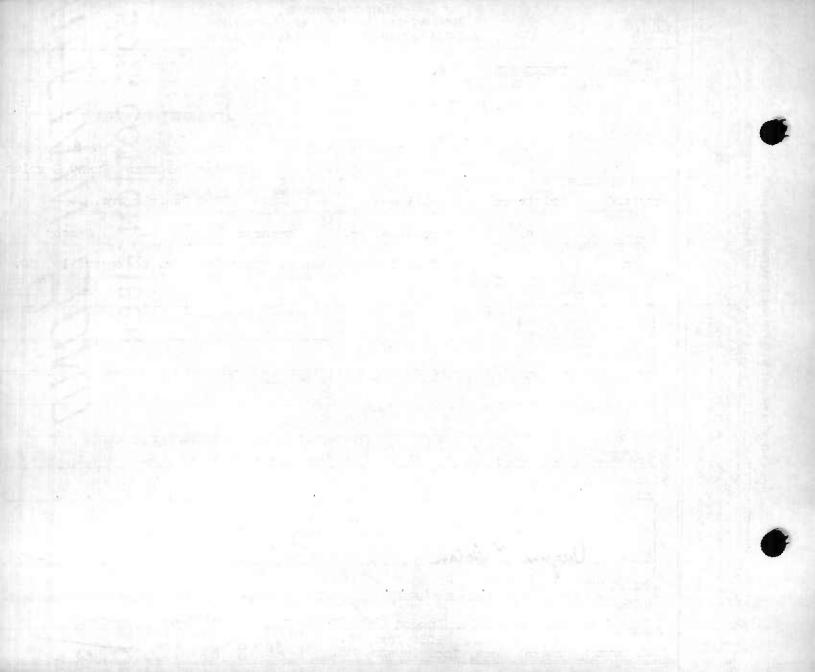
should be detoched for use as the burial-transit permit. Then p with the State Dept. of Health and Mental Hygiene priar to bur IMPORTANT: If them 21 is marked or Item 18 shows any TO FUNERAL DIRECTOR: After OHMH - 16 50M 1/B1 (VRA 15, 4)

21229 HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE. MAR 24 1982 AR JUST REGISTRAND SEMANURE

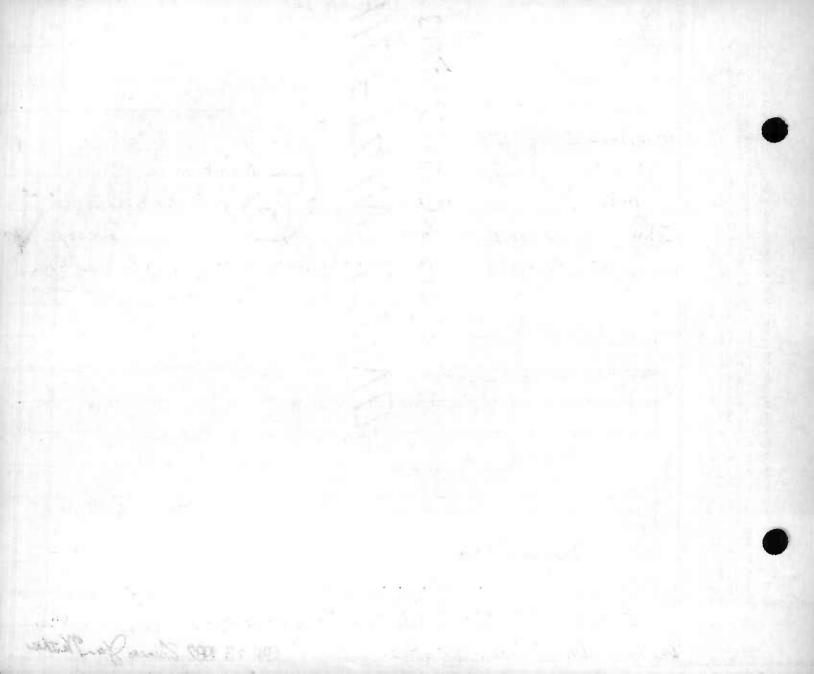
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO 7a. DATE KNOWN X L DECEASED NAME (TYPE OR PRINT) ESTI-RECTOR. IR FILES. 2 HOURS 1 STREET, XXXXXXXXXXX R. DEATH MATED Ben 3 Augustine. 30 1982 4 RACE AGE (IN YEARS | IF UNDER 1 YR 3 SEX DATE OF BIRTH IF LINDER 24 HRS 2c. DATE 2d HOUR YEAR LAST BIRTHDAY) MONTHS 7:10 PRONOLINCED Nov. 26,1948 33 DEAD Male White 7b. CITIZEN OF WHAT COUNTRY? RIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Pennsylvania U. S. A. WIDOWED [DIVORCED Baltimore City. I CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 126. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS FOR MOST OF WORKING LIFE)

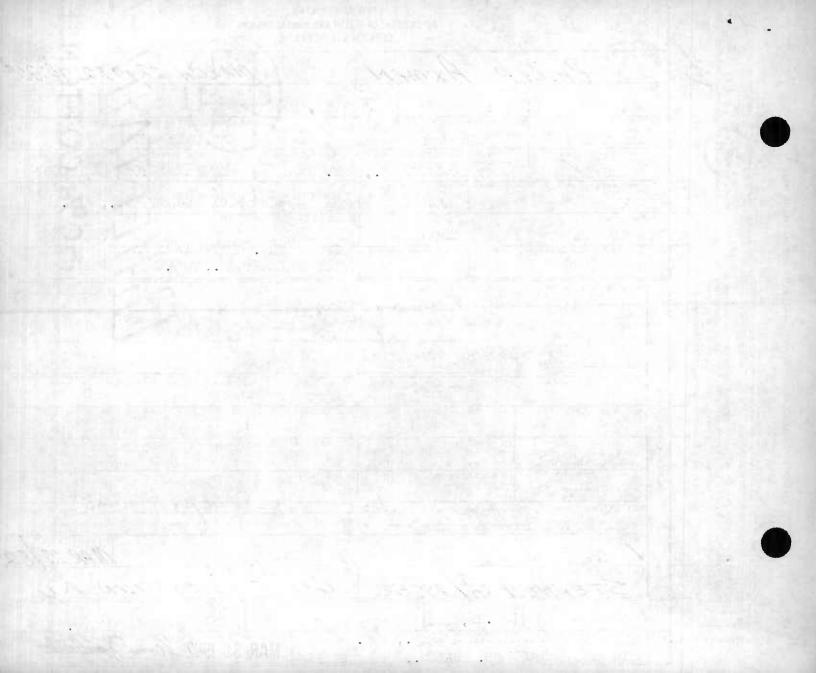
Cashier-Salesman- Sunny Surplus Baltimore 206 E. Northern Parkway USUAL RESIDENCE LIE IN NURSING 7800 Daniels Ave. 30. STATE 13d INSIDE CITY LIMITS? Baltimore Baltimore Maryland 8. GIVE PAGES 1 21 WITH FORM PW 12 IT. PAGES 1 AND 2 SI. DIVISION OF YEAR 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE MIDDLE Augustine, Sr. Jacoby Margaret Ben 17 INFORMANT 6a. WAS DECEASED EVER IN U.S. ARMED FORCES? IAN SOCIAL SECURITY NO ADDRESS (YES, NO, OR UNKNOWN) I HE YES GIVE WAR OR DATES! Ben R. Augustine, Sr. Cockeysville, Md. 217-50-2000 NO 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: USED AS A BURIAL - TRANSIT PERMIT OF HEALTH AND MENTAL HYGIENE, Multiple Gunshot Wounds (handgun) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. DIVISION OF VITAL RECORDS. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (d) CERTIFICATION 19n DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 28 AUTOPSY? BURIAL, YES X NO [PAGE 4 SHOULD BE CRWARDED TO THE WO TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE AFIER DEATH, WITH THE STATE DEPARTMENT BATTIMORE, MARYLAND, 21201 PRIVATOR 710 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR KM MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 7:00 P.M. 3 30 1982 subject was shot by police 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 211. LOCATION STREET, FACTORY, FARM, ETC.) NOT WHILE House 1206 E. Northern Parkway, Baltimore. AT WORK 22a. I certify that I took charge of the remains described above, held on Autopsy Homicide X Natural couses Accident Undetermined monner TITLE (SPECIFY) DATE Assistant 3-31-82 MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME Virginia L. Dolan, M.D. III Penn Street 230 BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY STATE Loudon Park Crematory 4-3-82 Baltimore, Maryland Cremation 24 FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR 1050 York Rd. ADDRESS **DHMH-17** (VR A15 ME (5)) Ruck Towson Funeral Home, Inc. Towson, Md. 15M 2/80



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME 2a. DATE KNOWN DAY MONTH 7h HOUR (TYPE OR PRINT) OF ESTI-Girard Aul ton DEATH MATED 3 27 19 82 SEX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE 2d. HOUR LAST BIRTHDAY PRONOUNCED Male Black DEAD 1982 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH ZA-BIRTHPLACE (STATE OR MARRIED NEVER MARRIED FOREIGN COUNTRY) WIDOWED DIVORCED Baltimore City. 2, AND 3 TO THE FU 3. RETAIN PAGE 5: SHOULD BE FILED. IO CITY OF TOWN OF DEATH 12a. USUAL OCCUPATION TYPE OF WORK 12b KIND OF BUSINESS II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY Baltimore Belview Avenue MAINTENANCE AND 2 SHOULD BE USUAL RESIDENCE LIFTIN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13e STREET ADDRESS 13a STATE 113b. COUNTY 13d INSIDE CITY LIMITS? Himore YES X NO [] 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME PAGES 1, ORM PM MIDDLE MARY GIVE PAGES VITH FORM I PAGES 1 AN 160 WAS DECEASED EVER IN U.S. ARMED FORCES 17. INFORMAN ADDRESS DIVISION CAUSE OF DEATH (Enter only one cause per line lar (a), (b), and (c).) BURIAL - TRANSIT PERMIT. BETWEEN ONSET AND DEATH EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM I PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG V TO FUNEXAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL - FRANSIT PERMIT AFTER DEATH, WITH THE STATE DEPARTMENT OF HEATTH AND MENTAL HYGIENE, BALTIMORE, MARYLAND, 21201 PRIGR TO BURIAL, CREMATION, OR REMOVAL. PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Arteriosclerotic Cardiovascular Disease DUE TO, OR AS A CONSEQUENCE OF Canditions, il any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g). CERTIFICATION 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [] XXON 21e EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 19 21e PLACE OF INJURY (AT HOME 21L LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE NOT WHILE 228 I certify that I taak charge of the remains described above, held an Autopsy Inspection and in my apinian Inquiry death resulted fram: Accident Natural causes Hamicide Undetermined manner TITLE (SPECIFY) 3-28-82 ACTUAL Assistant SIGNATURE EXAMINER'S NAME III Penn Street Virginia L. Dolan, M.D. (TYPE OR PRINT) **ADDRESS** 23d. LOCATION 23a BURIAL CREMATION REMOVAL 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 250. DATE REC'D. BY REGISTRAR 255 REGISTRAR'S SIGNATUR 24. FUNERAL DIRECTOR **DHMH-17** VR A15 ME (5) 15M 2/80



	Įi.	FOR STATE REGISTRAR		DEPARTMENT OF	TE OF MARYLAND HEALTH AND MENTAL HY IFICATE OF DEATH	GIENE & Z.	U 6	00
1 718	(TYPE	OR PRINT) PHIL	ip	AX MAN	LAST	MARCH OF DEATH	28,1982	2 10:20 M
4 34	3 SE		4 RACE		OF BIRTH	6. AGE (IN YEARS LAST BIRT		YEAR IF UNDER 24 HRS
oge inech		MALE	WHITE		JÜLY 22, 1900	81	YRS.	
1 X 7	/g. BI	RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY? 8 MARK	IED NEVER MARRIED	9 BALTIMORE CITY O		H
不同海 19-1	10.0	NEW JERSEY TY OR TOWN OF DEATH	US	HOSPITAL, NURSING HOMI		BALTIMORE		MD.
DO	1	BALTIMORE	3101	BANCROFT RD.	, APT. C	120 USUAL OCCUPATION OF THE CAMP DIF		MP CODY
II BS	13a S	AL RESIDENCE (IF NURSING HOME OF TATE 136 COULD		130. CITY OR TOWN BALTIMORE	13d INSIDE CITY LIMITS?	3101 BANCE	ROFT RD.,	#21215 APT. C
12 sh	14 FA	THER'S NAME	WIDDIE	TZAI	15. MOTHER'S MAIDEN NA	AME		
	1	SAMUEL		AXMAN	ΙĎÄ	WIDDIE	UNI	KŃÖWN
Poges 1	16a V	VAS DECEASED EVER IN U.S. AR ES NO OR UNKNOWN) (IF YES, GI	RMED FORCES? VE WAR OR DATES)	166 SOCIAL SECURITY NO	17 INFORMANT MRS 3101 BANCRO	FT RD., APT.		1215
equires that the death certific in signed by the attending phy. Then please remove carbon pot to burial, cremation, or remoinjury, or other traumotic even	NO	PART I. DEATH WAS CAUSE IMMEDIA Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT (DUE TO, O DUE TO, O DUE TO, O (c)	R AS A CONSEQUENCE OF	UT NOT RELATED TO THE TERM	winal disease or cond		PROXIMATE INTERVAL VEEN ONSET AND DEATH
he low on. hos bee t permit. ene prior	CERTIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR WHICH OPERAT	ON WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FIN IN CERTIFYING CAU YES	NDINGS USED JSES OF DEATH?
ophysicial physicial certificate riol-transitiental Hygin them 18 shull be physicial p		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.	M. MONTH DAY YEA		RRED (FINTER NATURE OF INJUR	Y IN ITEM 18 PART 1 OR PART	[2]
After this e os the bu	MEDICAL	WHILE OT WHILE OF AT WORK	21e. PLACE (AT HOME STE	OF INJURY REFT, FACTORY, OFFICE, FARM, ETC.)	211. LOCATION STREET	CITY OR TOV	VN COUNTY	Y STATE
DIRECTOR: A oched for use o Dept. of Healt f frem 21 is mo		22a.1 certify that (1) (this hosp saw the deceased alive on above, (1) (we) (did) (did no 22b. SIGNATURE	3/27/	82: 10	ond that in (my) (aur) opinion	death occurred on the do		, moi (i) (we) iosi
UNERAL Id be dete the Stote		22d. PHYSICIAN'S NAME (TYPE OF	PRINT)	BIASO FO	ATTENDING PHYSICIAN [MEDICAL STAF	FIAN D	18.28/82
MA TOO	23a B	URIAL, CREMATION, REMOVAL BURIAL	23b DATE MAR . 29		CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN REISTERS	COUNTY	STATE
H-1650M1/81				& BROS., IN	MORE HEBREW	TE REC'D. BY REGISTRAR	STOWN BAL	TO MD
A 15, 4)		6010 REISTERST			21215 MA		have Jan	Marthon
	-		132.1	- Company	<u> </u>		VIII	



1.	FOR STATE REGISTRAR			DEPART	MENT OF H	E OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH	GIENE 8 2	0	6 1	0 /	þ
(TYPE		VINA VINA		AY.	ZENE	SERG-	20. DATE OF DEATH	MONTH DAY	YEAR 82	26 HOUR //:30	M
3. SE	FEMAL	E	RACE	VHITE		7 17 1906 AR	6 AGE (IN YEARS LAST BIR	THDAY) IF (INDER 1 YEAR	IF UNDER 24 HRS	_
	RUSSIA		RUSS.		MARRIE	DIVORCED	9. BALTIMORE CITY C	_	DEATH	MI	D.
10 C	BALTIMORE			OSPITAL, NURSIN HEACHITY, GIVE STREET	ADDRESS)	OSPITAL	120 USUAL OCCUPAT (TYPE OF WORK FOR AGS) OF HOUSEWIFE		HOME	F BUSINESS OF	2
la S	AL RESIDENCE (IF NURS	136 COUNTY		GIVE RESIDENCE BEFOR	VN I	13d. INSIDE CITY LIMITS?	130 STREET ADDRESS	APT. berle	201	(21215) Ve	_
14 FA	THER'S NAME LEIBIS	H	DLE	GURSHT	EIN	15 MOTHER'S MAIDEN NA	NKNOWN MIDDLE		LAS	ī	
	VAS DECEASED EVER YES NO OR UNKNOWN)	IN U.S. ARME LIFYES GIVE W NO		166 SOCIAL SECT 214-94-		IGOR AYZENB	ERG 6527 EBI	(21215) . APT.	201	
	PART I. DEATH W	H Enter only of AS CAUSED B	Υ.	RESPI		RY WARRES	7		BETWEEN C	Clema	1711
	Conditions, if ony, which		DUE TO, OR	AS A CONSEQUE	ATTO A	PNEWMO	DNITIS	NITIS		rek	
	gove rise to imm couse (0), stotin underlying couse	g the *	DUE TO, OR	AS A CONSEQU	ENCEOF				3~	celia	
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDI								DITION GIVEN	IN PART 110	,	
CERTIFICATION	198 DATE OF OPERATION 198 CONDITION FOR WHICH OP			OPERATIO		200 AUTOPSY? YES NOK	206 IF YES, W IN CERTIFYIN YES	G CAUSES			
	210 ACCIDENT WAS UND OR CONTRIBUTING C (IF EITHER NOTIFY MEDIC	AUSE OF DEATH	21b. TIME OF HOUR A.A P.A	A. MONTH D	AY YEAR	21¢ HOW INJURY OCCUR	RRED (ENTER NATURE OF INJU	RY IN ITEM 18 PART	ORPART 2)		
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 21d INJURY OCCURRED VILLE NOT WHILE AT WORK AT WORK NOT WHILE AT WORK NOT WHILE STREET, FACTORY, OFFICE, FARM, ETC.] STREET 211 LOCATION STREET							CITY OR TO	WN	COUNTY	STATE	
					1 10	117 (4					-

220 I certify that (1) (this haspital) attended the deceased from sow the deceased alive an war 13 sow the deseosed olive on obove (1) (we) (bid) (did no (our) opinion deoth occurred on the date and hour and from the causes stated did I did not I view the body ofter deoth 226. SIGNATURE 220 DATE SIGNED DEGREE ATTENDING PHYSICIAN MEDICAL STAFF DIRECTOR PHYSICIAN 3-13-82 22d. PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS 230. BURIAL, CREMATION, REMOVAL 23b. DATE

DHMH - 16 50M 1/81 (VRA 15, 4)

FUNERAL DIRECTOR

should be detoched with the Stote Dept.

MPORTANT #

BURIAL 3/14/82

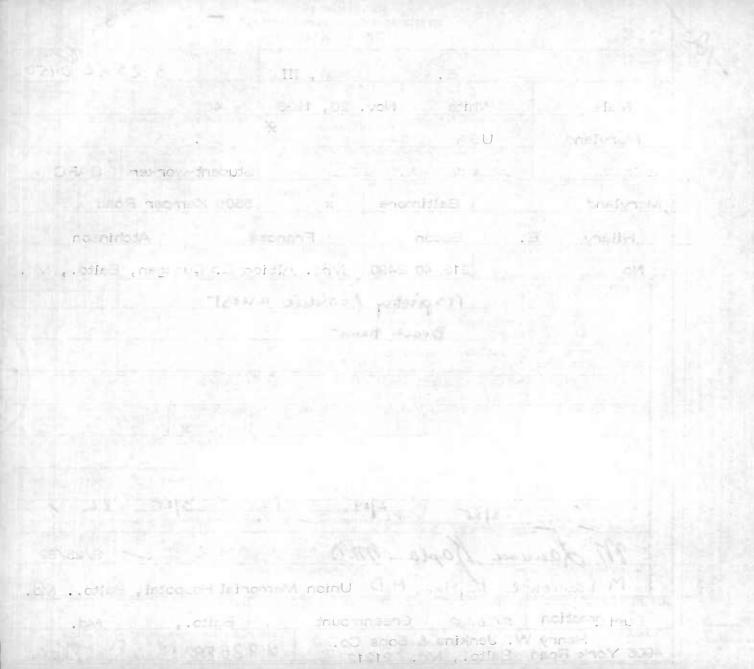
NAME OF CEMETERY OR CREMATORY BALTIMORE HEBREW CEM 23d. LOCATION BALTIMORE , MD.

STATE

NERAL DIRECTOR SOL LEVINSON & BROS 6010 REISTERSTOWN RD. BALTIMORE, MD. (21215) 24 FUNERAL DIRECTOR

MAR 19 1982 home

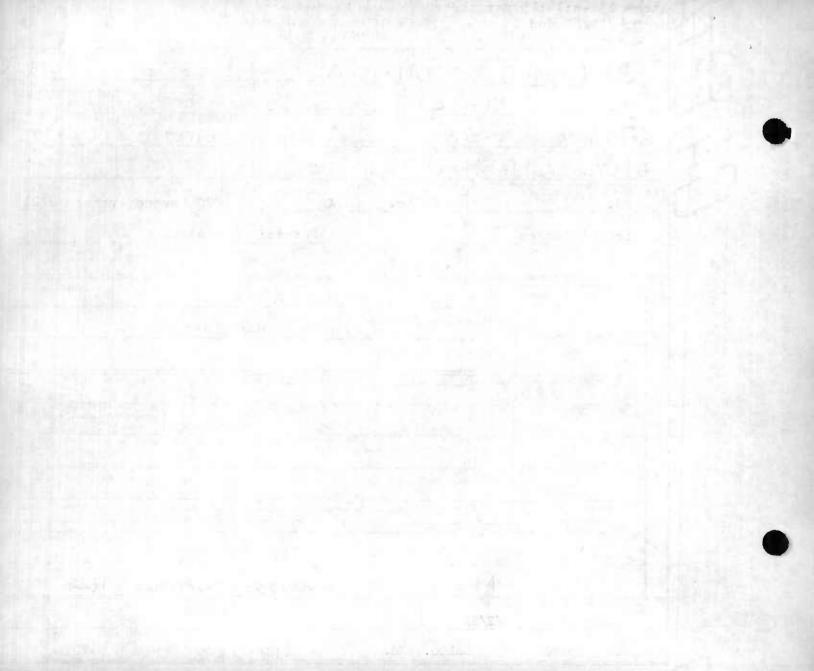
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			STAT	E OF MARYLAND	4	15 1 1 3 0
	1	FOR STATE	DEPARTMENT OF H	EALTH AND MENTAL HY	GIENE 💍 🚣	00107
		REGISTRAR	CERTIF	ICATE OF DEATH	REG. NO.	
		CEASED NAME FIRST	MIDDLE L	AST BADEN	20 DATE OF DEATH MONT	H DAY YEAR 26 HOUR
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oy b	-	augen	Hugusius 130	age (1)	7	14-80 9 p M
E	1. SE	×	1 RACE 5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
9 1	0	Mole	Black Sept	23 98	84	YRS.
Poo		RTHPLACE (STATE OR FOREIGN	AL CITIZENI OF WHAT COUNTRY?		TO BALTIMORE CITY OR CO	
者 関数 ほこく		COUNTRY)	MARRIE MARRIE	D NEVER MARRIED	16	111.
de de	10.0	ITY OR TOWN OF DEATH	United Dates WIDOWE		120 USUAL OCCUPATION	12b. KIND OF BUSINESS OR
4 23 211		T	(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	A OTHER INSTITUTION	TYPE OF WORK FOR MOST OF WOR	
2 14 1/0	B	allimore	buthern Hoso al	md	Retired	
hou hou	USU 130	AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN	TY 136. CITY OR TOWN	13d INSIDECITY LIMITS?	In CADELY ADDRESS	
filled fulled outd		md -	0-17	YES TO NO []	130. STREET ADDRESS	a Aug
× × 0	14. E	ATHER'S NAME	BALLIMOY	15. MOTHER'S MAIDEN NA	AME DIGGS	J R VE
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9 6 9 9		Agustus	RHOWN	ELIDIA	7	DUVALL
2 - 4 0		VAS DECLASED EVER IN U.S. ARA	MED FORCES? 166 SOCIAL SECURITY NO.	17 INFORMANT	ADDRESS	1111 01
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fico phys pol nov	-	PART I. DEATH WAS CAUSED	BY: P. A	mains Sd	21110	BETWEEN ONSET AND DEATH
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oth coot	100	0170	DUE TO, OR AS A CONSEQUENCE OF			
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the reme		couse (a), stating the	DUE TO, OR AS A CONSEQUENCE OF			
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quires 18 signed Then plex to burio njury, or		PART 2. OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITIO	N GIVEN IN PART 1:0
r sig	CERTIFICATION					
8 + 9 >	F	19a DATE OF OPERATION	196 CONDITION FOR WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY? 20b.	IF YES, WERE FINDINGS USED
	E.				J INC	CERTIFYING CAUSES OF DEATH?
E 0 0 0	E .	21a. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	121. HOW IN HIRV OSSUE	YES NO	YES NO
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SICIA ng ph certifi riol-tr entol	8	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M. 19			
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OR DOR Dep		220. SIGNATURE	1411	DEGREE ATTENDING	MEDICAL STAFF	224. DATE SIGNED
4 A		M	1 Comme	PHYSICIAN [DIRECTOR PHYSICIAN	2 1/17/80
HOSPITAL med by the FUNERAL old be detailed on the Store		224 PHYSICIAN'S NAME TYPE OF	g/INT)	220 ADDRESS		
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should with MPO	23g	BURIAL, CREMATION, REMOVAL	23b. DATE 23c NAME OF C	EMETERY OR CREMATORY	23d LOCATION	
DD		SPECIFY)		LAWN	CITY OR TOWN	COUNTY STATE
3 BP	24 5	JNERAL DIRECTOR	D-20-1102 TINES	17 14	MANTE	my ma
DHMH - 16 50M 1/BI (VRA 15, 4)	1		TOO T ADDRESS TEN	YAPCHISMAR"	2 198 9 CISTA 1816	GOUSTANA DESIGNATURE
(TIA 13, 4)	16	.E. Hicks	1722 tores/ Ur	IVE		

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. 1		REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
4		CEASED NAME FIRST OR PRINT)	WIDDLE	LAST	ta brite of bertiti	AY YEAR 26 HOUR
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\$ \83.67	3 SE		RACE	5 DATE OF BIRTH		IF UNDER I YEAR IF UNDER 24 HRS
\$ 9 cl and		M	BLACK	3 26 82	New-BornyRS.	2
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1 15		SALTIMORE	USA	WIDOWED DIVORCED	BALTIMO	
1 11 ha		TY OR TOWN OF DEATH	ME NOT IN SUCH FACILITY, GIVE STREET		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE	126 KIND OF BUSINESS OR INDUSTRY
201		BALTIMORG	PROVIDENT H	OSP INC.		
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120) ING PHYSICIAN: The low requires that the death certificatin be executed — than 2+ nounce of the ordering physician. Wher this certificate has been signed by the ottending physician and standard properties to see the burial-transit permit. Then please remove contemporary and standard hygiene prior to burial, cremation, or record that it is shown only injury, or other troumants — the median contemporary corked or them 18 shows only injury, or other troumants— the median contemporary corked or them.	13a S	TATE 136 COUN		N 13d INSIDE CITY LIMITS?	13e STREET ADDRESS 2820 Oswego A	
NA SA PA	1/	Md.	Balto	YES NO D		Avenue 21215
AR TOTAL		FIRST	NIDDLE LAST	FIRST	MIDDLE	LAST
¥ 1 1000	140 \	Michael Forke			a Badgett ADDRESS	
NOR SHOW SHOW			WAR OR DATES)	KITTINO. IT INTORMAINT	ADDITESS	
AL A SEL	2			11		APPROVINGAY INTERVAL
BA Property of the second		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE)	y one couse per line for (o), (b), one BY-		ORTION	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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oth oth mat		1618	DUE TO, OR AS A CONSEQUE	1	ON - VIABLE FE	-Tus
PRES re de de numbre notice		Conditions, if ony, which gove rise to immediate		,	0001	7(1)
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201 red bleo urroll		PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO I	DEATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIVE	N IN PART 1/a
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beer mit.	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		WERE FINDINGS USED
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SICIAN: The map physicion certificate in mol-tronsit entol Hygie frem 18 sho		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	216 TIME OF INJURY HOUR A.M. MONTH DA	216 HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18, PA	RT 1 OR PART 2)
SICIA certification of the state of the stat	CAL	(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	19		
(ISION OF VI 5 PHYSICIAN: the bural-tran the bural-tran and Mental Hy	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
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rendi fal or OR: A or use FHeol			ol) ottended the deceased from _	81 26 19 82	2, to 3/26 1	19, that (I) (we) lost
R ATTE hospith IRECTC hed for ept. of them 21		sow the deceased alive on, above, (1) (we) (did) (did not	17_		death occurred on the date and hour	
		226. SIGNATURE	le mo.	DÉGREE ATTENDING	MEDICAL STAFF	22c. DATE SIGNED
ITAL O by the RAL DI refeed forte De		THE PROCESS		PHYSICIAN [DIRECTOR PHYSICIAN	
HOSPITAL ined by 1 FUNERAL vold be det h the State		22d. PHYSICIAN'S NAME (TYPE OF	NDE LOYE	1 0	· Harani Thi	1.000
TO HOSPITAL or retained by the TO FUNERAL Is should be deto with the State IMPORTANT: If		ETHEL		1100.00.0101		INC.
110	23a. E	URIAL, CREMATION, REMOVAL		IAME OF CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY STATE
15/3 BP	24 5	Removal INERAL DIRECTOR	4/2/82	I25- DAT	E REC'D, BY REGISTRAR 256. REGISTR	DAD'S SICNIATURE
DHMH - 16 60M 1/75 (VR A 15 (4))		Anatomy Board	Balto., M		A O 4000	AR S SIGNATURE
(10,11,012))		MIACOMY BOATA	Darco., M	a. APR	1 2 1982 Batace	Yes I've There



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO. DECEASED NAME LAST 20 DATE OF DEATH MONTH 2b. HOUR (TYPE OR PRINT) 1982 Martha Baehm 3 SEX 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS Female Cauc. 09 02 80 BIRTHPLACE ISTATE OR FOREIGN THE CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Md Baltimore City WIDOWED DIVORCED [10 CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Federal Hill Nursing Home Baltimore Housewife USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130 STATE 13h COUNTY 13e. STREET ADDRESS 13d INSIDE CITY LIMITS? 12 N. Streeper St. Baltimore Md. 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE W James Donohine Elizabeth UNknown 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Robert Pasterfield 502 Sussex Rd. No 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and ac PART I. DEATH WAS CAUSED BY NEUMON, A IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF soton VIII Deficiones Canditians, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost ple PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/0 DIVISION OF VITAL RECORDS, CERTIFICATION 121 90 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS LISED IN CERTIFYING CAUSES OF DEATH? YES [NO [fronsit i 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH and Mental MEDICAL Jriol-(IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 21d INJURY OCCURRED ğ 0 21e. PLACE OF INJURY 21f LOCATION AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from saw the deceased alive on obove (1) we) (did did not view the body after death and that ip (my) our) opinian death accurred an the date and hour and from the couses stated 22h SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING AL MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 224 PHYSICIAM'S NAME TYPE OF PRINT 22e ADDRESS ld b 230. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE 23d. LOCATION 4/82 Cedar Hill Cemetery Burial Anne Arundel Md. 24. FUNERAL DIRECTOR 250. DATE REC'D, BY REGISTRAR 250. REGISTRAR'S SIGNATURE DHMH - 16 60M 7/73 (VRA 15 (4)) Dabrowski & Son 2818 E. Baltimore STAR

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THE DESCRIPTION OF SOME SERVING TO SERVING THE PROPERTY OF THE

STATE OF MARYLAND CERTIFICATE OF DEATH

LAST

5. DATE OF BIRTH

WIDOWED

NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

UNION MEMORIAL HOSPITAL

BAIER

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1908

13d INSIDE CITY LIMITS?

DIVORCED

NO

MARRIED NEVER MARRIED

YES 🔽

17 INFORMANT

REG. NO 20 DATE OF DEATH

MONTH MARCH

6. AGE [IN YEARS LAST BIRTHDAY]

IF UNDER LYEAR

IF UNDER 24 HRS

BALTIMORE CITY OR COUNTY OF DEATH

26 HOUR

16

BALTIMORE CITY 12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)

126. KIND OF BUSINESS OR INDUSTRY Acme Markets

echanic 13e STREET ADDRESS 15 MOTHER'S MAIDEN NAME

Greenhill Avenue-21206 Kate Hintze

Mrs. Margaret E. Baier - 5908 Greenhill Ave.

PART I. DEATH WAS CAUSED	y and cause per line for (a). (b), and (c)) (BY. CAUSE (a) HISTIOCYTIC Lymphoma	SLIVEN ONSET AND DLATH
2000 Conditions, if any, which gove rise to immediate	DUE TO, OR AS A CONSEQUENCE OF	
cause (a), stoting the underlying cause last PART 2. OTHER SIGNIFICANT C	DUE TO, OR AS A CONSEQUENCE OF (c) ONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDIT	ION GIVEN IN PART Ita

				LES NO	AF2
OR CONTRIBUTING CAUSE OF DEATH	Transport to the second terms	DAY YEAR	21¢ HOW INJURY OCCURRED	(ENTER NATURE OF INJUR	Y IN ITEM TO PART I OR PART 2)
(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	19			
IN HIPY OCCUPPED	21. DIACE OF INTURY		211 LOCATION		

AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED

LOCATION

CITY OR TOWN

200 AUTOPSY?

COUNTY

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

YES

STATE

NO [

saw the deceased alive an abave, (1) (we) (did) (did nat) view the a

Burial

NOT WHILE AT WORK

22a.1 certify that (1) (this hospital) attended the deceased from

190 DATE OF OPERATION

ATTENDING

MEDICAL

PHYSICIAN DIRECTOR PHYSICIAN

ond that in (my) (our) opinion death occurred an the date and hour and from the causes stated

NOF

22c. DATE SIGNED

23g. BURIAL CREMAT

(SPECIFY)

- STATE

TYPE OR PRINTS

3 SEX

13g STATE

Md

14 FATHER'S NAME

No

160 WAS DECEASED EVER

(YES NO OR UNKNOWN)

REGISTRAR

FIRST

JACOB

White

76 CITIZEN OF WHAT COUNTRY?

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS!

13c. CITY OR TOWN

LAST

16b. SOCIAL SECURITY NO.

Balto

4 RACE

USUAL RESIDENCE HE NURSING HOME OR OTHER INSTITUTION. GIVE RESIDENCE BEFORE ADMISSIONI

136 COUNTY

John Henry Baier Sr.

DECEASED NAME

Pale

Balto.

TO BIRTHPLACE ISTATE OF FOREIGN

BALTIMORE

10 CITY OR TOWN OF DEATH

22e ADDRESS 23c. NAME OF CEMETERY OR CREMATORY

Parkwood (em.

DEGREE

Balto.

COUNTY STATE

DHMH - 16 50M 1/B1 (VRA 15, 4)

CERTIFICATION

MEDICAL

Item 18

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MPORTANT:

0

24 FUNERAL DIRECTOR

Miller Inc-6415 Belain Rd. -21209

23b. DATE

23d LOCATION

25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR

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MAT B BAS TAM			dhe culles	

Singleton Funeral Home, Glen Burnie,

- STATE

(VRA 15, 4)

REGISTRAR '

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

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-					E OF MARYLAND			, ,	1
X		FOR STATE REGISTRAR		CERTIF	IEALTH AND MENTAL HYG	REG. NO	(,) D.	0	8 60
		CEASED NAME FIRST	WIODIE		LAST	20. DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
4.		EUGENE	R.		AKER	3		1982	9:151
	3 SE)	Male	4 RACE White	MONT	DF BIRTH 19,1898	6. AGE (IN YEARS LAST BIRT	YRS.	INDER I YEAR	HOURS MIN
28 orce.	(RTHPLACE (STATE OR FOREIGN OUNTRY) St Virginia	76 CITIZEN OF WHAT COUNTRY? $U.S.A.$	8 MARRIE WIDOWI	D NEVER MARRIED	Baltimore City o	R COUNTY OF	DEATH	M
40		ry or town of DEATH Baltimore	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET St Agnes Hospi	ADDRESS)		12a USUAL OCCUPATK (TYPE OF WORK FOR MOST OF Retired Bu	ON F WORKING LIFE)	126. KIND OI INDUSTRY B& O	F BUSINESS O
35	13a S	LERESIDENCE (IF NURSING HOME OR TATE 136 COUN	OTHER INSTITUTION, GIVE RESIDENCE BEFORE	E ADMISSION)	134 INSIDE CITY LIMITS? YES X NO	13e STREET ADDRESS	Sargent		10110
00	4. FA	THER'S NAME FIRST John	MIDDLE LAST W Baker		15. MOTHER'S MAIDEN NA.		V	? 1451	ſ
ledicol Hedicol		AS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECU	IRITY NO.	17 INFORMANT	ADDRE	SS		
4	()	No	E WAR ON DATES!		Miss Dorothy	Baker 135	6 Penti	ridge	Rd
y injury, or other troumotic	CERTIFICATION		CONDITIONS CONTRIBUTING TO I	ENCE OF L		INAL DISEASE OR COND			
2	FICA	3 3 8 2	196 CONDITION FOR WHICH		2 SUNO	20a AUTOPSY?	20b. IF YES, W	IG CAUSES	OF DEATH?
Jem 18 sno	MEDICAL CERT	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED	216. TIME OF INJURY HOUR A.M. MONTH DA	AY YEAR	211 LOCATION	YES NOM			NO []
	AE								
ANI: If Hem 21 is morked or	MEI	sow the deceosed alive an obove, (1) (we) (did) (did no 22b. SIGNATURE	tol) attended the deceased from 3/5/12 9/5m 19 11 view the body alter death	33	DEGREE ATTENDING PHYSICIAN	death occurred on the do	F ,	22c DATE 5	SIGNED
IMPURIANI: II Item 21 is morked or		27a Certify that (1) (this hospi sow the deceased alive an above, (1) (we) (did) (did no 27b. SIGNATURE L. (3 27d. PHYSICIAN'S NAME (TYPE O DR. BEZIRDJ)	tol) attended the deceosed from 3/5/12 9/3m 19 11 view the body alter death PRINTI	3 3	nd that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN 22e ADDRESS St - Aa	MEDICAL STAF	F ,	22c DATES	SIGNED
IMPORTANT: If Hem 21 is morked or	23a B	270 I certify that (1) (this hosping sow the deceosed alive on obove, (1) (we) (did) (did not see that the deceosed alive on obove, (1) (we) (did) (did not see that the deceosed alive on obove, (1) (we) (did) (did not see that the deceosed alive of the deceosed al	tol) attended the deceosed from 3/5/12 9/3m 19 11 view the body alter death PRINTI	3 3 3 12 , o	nd that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN 22e ADDRESS	MEDICAL STAF DIRECTOR PHYSIC	pital	22c DATE S	SIGNED

Leonard J Ruck Inc. Baltimore, Maryland

on the state of the state of IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the medical

1						STAT	E OF MARYLAN	ID				,	2	
	1.	FOR STATE			DEPARTA		EALTH AND MI		IENE 💍	5 %	U	0	1 4)
		REGISTRAR				CERTIF	ICATE OF DE	ATH		REG. NO				
	1. DE	CEASED NAME	FIRST	^	AIDDLE		AST		2a DATE	OF DEATH	AONTH DAY	YEAR	2b. HOUR	
			John	Max	tthew	Bake	2		M	arch 26	. 1982			м
	1 SEX	X .		4 RACE		5. DATE O			6. AGE (III	YEARS LAST BIRTH		NDER I YEAR	IF UNDER 24 H	
		Male		Whi		MONE	27	98	8		YRS.		HOURS MI	N.
2	60	RTHPLACE (STATE OR FO	OREIGN	11.0	WHAT COUNTRY?	8 MARRIE	NEVER MA	RRIED -		AORE CITY OF		DEATH		
23		ritimore,	Md.	U.S.A	1.	WIDOWE	D DIVO	RCED	Ba	Ltimore	(ity			MD.
to.	10 CI	TY OR TOWN OF DEA	HTA		HOSPITAL, NURSIN		OR OTHER INSTIT	NOITU		ORK FOR MOST OF		12b. KIND OF INDUSTRY	BUSINESS	OR
51	-	Baltimore			more (it		spitals		(2)	tired		rown,	Cork.	54
1	13a S	AL RESIDENCE (IF NURS	13b. COUN	OTHER INSTITUTION,	GIVE RESIDENCE BEFORE		1 13d. INSIDE CITY	LIMITS?	13e. STREE	T ADDRESS				
0	Mo	ryland.			Baltin		YES XX		620		ion Str	eet		
	14. FA	THER'S NAME		MIDDLE	• LAST		15 MOTHER'S A		ΛE	MIDDLE				
X		William	16	MIDDLE	Baker			iline		WIDDEE	Mu	ndt LAST		
1		VAS DECEASED EVER			16h SOCIAL SECU	IRITY NO.	17 INFORMAN	T		ADDRES	S		3.12	
1	(1	res, no prunknown)	(IF TES, GIVE	WAR OR DATES)	216-12-	5702	Sophia	. E. Bo	rker	620 S.	Macon	Stree	£ 212	24
		18 CAUSE OF DEAT	H (Enter on	ly one couse per	line for (o), (b), on	d (c).)				3136		APPROXIM BETWEEN OF	MATE INTERVAL	TH
		PART I, DEATH W		D BY. E CAUSE (0)	De la viv	Acute	Myscoul	il grapa	reter	1000			150	
		4100		DUE TO, OF	R AS A CONSEQUE	NCE OF	,							
		Conditions, if any	, which	((b)										
		gave rise to immore couse (a), stating		DUE TO, OF	R AS A CONSEQUE	NCE OF								
		underlying couse	last.	(c)		300	EXTENS IN					-111		
		PART 2 OTHER SIGN	VIFICANT (ONDITIONS CO	NTRIBUTING TO	DEATH BUT	NOT RELATED TO	O THE TERM	NAL DISE	ASE OR COND	ITION GIVEN	IN PART 10		
	ō													E)
0	CERTIFICATION	19a DATE OF OPERA	TION	19b. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORM	MED	20a AU	ITOPSY?	20b. IF YES, W			
1	RTIF								YES [YES []	NO 🗌	
3		210. ACCIDENT WAS UNE			FINJURY M. MONTH D	AY YEAR	21c. HOW INJU	IRY OCCURR	ED (ENTER	NATURE OF INJURY	IN ITEM 18, PART 1	OR PART 2)		
1	CAL	(IF EITHER, NOTIFY MEDIC		P./		19						38, 19	WHI I	
1	MEDICAL	214 INJURY OCCUR		218. PLACE (OF INJURY EET, FACTORY, OFFICE, F	ARM. ETC.)	211 LOCATION		W165	CITY OR TOWN	V .	COUNTY	STATE	
	~	AT WORK AT WO	HILE D				150 m	100				1150		
		220 I certify that (I)				3	h 13	19-77	, to	ter	1 193		hot (I) (we)	
		sow the decease above, (I) (we) (c	ed plive on did) (did no	t) view the body	ofter death.	, 01	nd that in (my) (ortopinion d	deoth occu	rred on the do	te and hour an	d from the ci	ouses stated	1
		22b. SIGNATURE	10.	1			DEGREE				1945	22c. DATE S	IGNED	
		pranu	al P	e from m	. 3) .		PH	YSICIAN E	DIRECTO	OR PHYSICI				
1		22d. PHYSICIAN'S NA	AME (TYPE O	R PRINT)		Miles	22e. ADDRESS			1 .11'		100		
		MANIUE	LPK	F 2501	עלי וימן או		11011	ntptp	Mark.	B44. 24	, m.	9		
		SURIAL, CREMATION,	REMOVAL	23b. DATE	23c. 1	NAME OF C	EMETERY OR CR	EMATORY	23d. LO	CATION	COL	UNTY	STATE	
		Buris	al	3-30-	-82	Oak L	awn Ceme	tery	1 8	astunad	Balto.	Co.Md		
	24. FL	INERAL DIRECTOR			ADDRESS			250. OATE		REGISTRAR 2	1 REGISTRAI	SIGNATU	as Char	
		.S. Leiler	& Soi	2 Inc. 6	224 East	ern A	venue_	I MIA	11 20	1302	1 march	The same of	PRODUCT.	
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DHMH - 16 50M 7/77 (VR A 15 (4))

nle 16 17 18 18 18 18 18 18 18	1, 20	3	ne de la co	intelia	v(c)
Silient Silien		00 7	2	21.1	in le
intions in the state of the sta		*			
	witten james jare,				
	of the second second	7.3	agus an Lie ben		
			20		
		Arrana, A			

7	FOR STATE REGISTRAR		EALTH AND MENTAL HYG	
pe pe	1 DECEASED NAME FIRST.	ershell 3 Days	Baldwin	REG. NO. 120. DATE OF DEATH MONTH DAY YEAR 126. HOUR - 25 PM
Page 4 may be director page hours after dear hours after dear	3 SEX	4 RACE S. DATE C	OAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN
uth. Poge Trol direct 72 hours	Male Jo. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	Black 3 7b CITIZEN OF WHAT COUNTRY? 8. MARRIEI	19 82 □ NEVER MARRIED 🕏	9. BALTIMORE CITY OR COUNTY OF DEATH Baltimore City MD.
ter dec	MD 10. CITY OR TOWN OF DEATH Baltimore	11. NAME OF HOSPITAL, NURSING HOME OF UP NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Baltimore City H	OR OTHER INSTITUTION	126. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY
ND 21201 24 haurs of illed in by the filed in the filed i		OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS
BALTIMORE, MARYLAND 2120 cate be executed within 24 hours ysician and completely filled in by ppers. Pages 1 and 2 should be fill vol. it, the medical examiner must be fi	14. FATHER'S NAME FIRST	MIDDLE LAST	YES NO SINCE	MIDDLE LAST
MORE, M	, , , , , , , , , , , , , , , , , , , ,	VE WAR OR DATES)	17 INFORMANT	ADDRESS
BALTIM reate be hysician o oopers. Pe avoi. nt, the m	NO 18 CAUSE OF DEATH (Enter o	nly one couse per line for (a), (b), and (c).)	1 0-	aldwin 1544 Stonewood Rd. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
TON ST.,	7624	DUE TO, OR AS A CONSEQUENCE OF	Sim ?	nom a
hot the death company the ottending by the ottendings remove corbin. It, cremation, or other froumatic	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUENCE OF	, Prolapsed	AROINCONPACTALLA CORD, Breech Presentation
RDS, 201 equires the signed to Then plea to burial, injury, or a		conditions contributing to DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
At RECORDS, the law required on. has been sign topermit. Then ene prior to be ows ony injury	190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH OPERATIO	N WAS PERFORMED	20e AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO YES NO NO
DIVISION OF VITAL NG PHYSICIAN: The ortending physicion wher this certificate h as the burid-tronsit g th and Mental Hygien orked or Item 18 show	OR CONTRIBUTING CAUSE OF DE		21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN 11EM 18, PART 1 OR PART 2)
IVISION IG PHYS oftending often this c s the bur and Me	21d. IN JURY OCCURRED WHILE NOT WORK AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	21f LOCATION STREET	CITY OR TOWN COUNTY STATE
ATTENDIN haspitel ar RECTOR. Af sed for use a inpt. of Health	I sow the deceased plive of	oital) attended the deceased from 19, or of) view the body after death.	nd that in (my) (our) opinion	death occurred on the date and hour and from the couses stated
the the effect the DI the DI the Die t	22b. SIGNATURE		DEGREE ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN 3 20 82
HOSPIII ined b FUNEF FUNEF buld be h the St	22d. PHYSICIAN'S NAME (TYPE	ORPRINT) -BOONE	200 ADDRESS 600 W. B	ond ST. Pattimore, Md 21205
2 & 2 & \$ &	236. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	L 23b. DATE 23c. NAME OF C	Hill Cem.	Baltimore country. MD
DHMH-16 50M 7/77 (VR A 15 (4))	Wm. C. March	ADDRESS	25a. DA1	R 22 1982 Princes San Parthers

AND SASSON SAND cesans, linking the success The state of the state of the A The state of the s IMPORTANT: If Item 21 is marked at Item 18 shaws any injury, at other traumatic

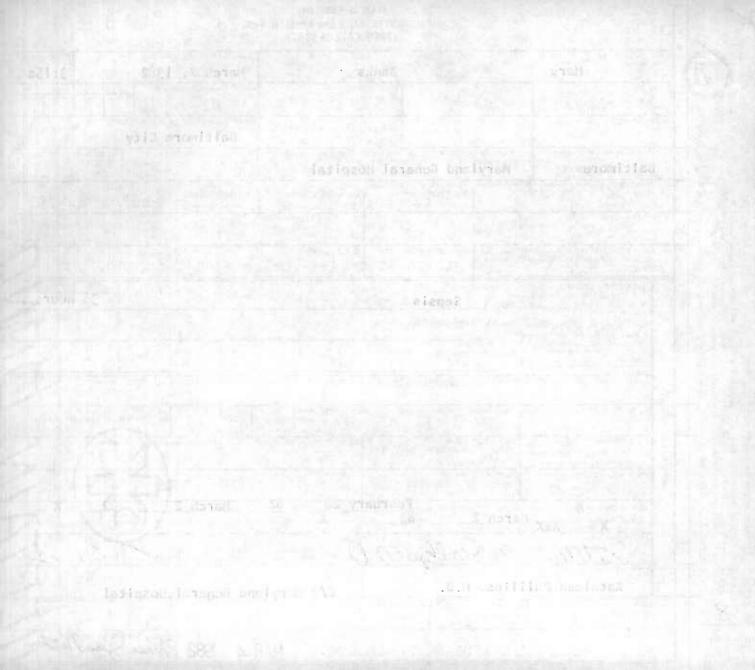
DHMH - 16 50M 1/81 (VRA 15, 4)

STATE OF MARYLAND FOR
- STATE
REGISTRAR DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH**

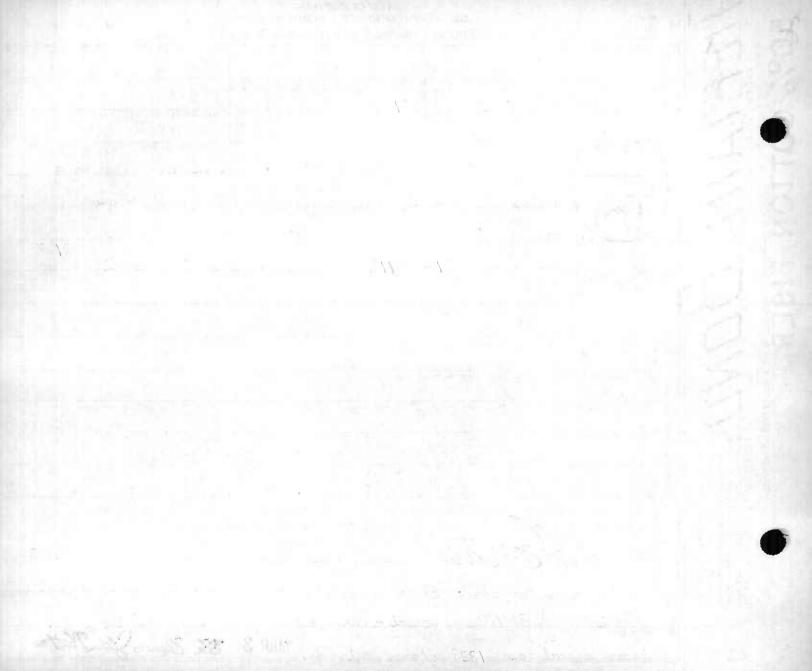
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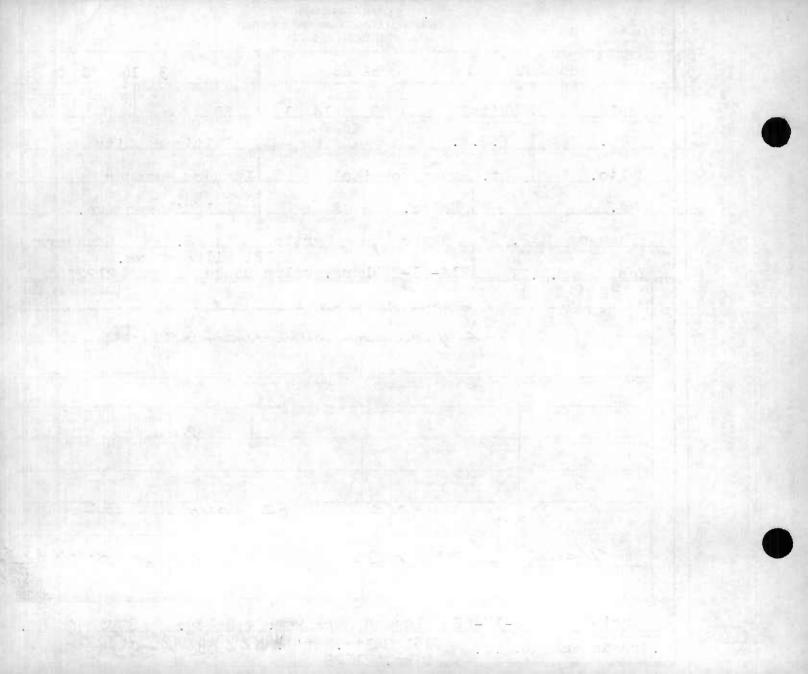
-										REG.	NO.				
		CEASED NAME FIRST	N	VIDDLE		LAST			20. DATE	OF DEATH	MONTH	DAY	YEAR	2b. HOL	JR
E	(ITPE	Mary Mary			Bank	S		6000	Mar	ch 2,	1982			3:1	5a "
2	3. SE>	X	4 RACE		5. DATE O	OF BIRTH				IN YEARS LAST		IF UNDE	RIYEAR	IF UNDER	24 HRS
		Female	Bla	ck	MONT	н р	Î5	ďô		82	YRS	MONTHS	DAYS	HOURS	MIN.
property and		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF V	WHAT COUNTRY?	8 AAADDIE	D NE	VED AA A DE	OIED []	9 BALTIA	AORE CITY	OR COUNT	Y OF DE	ATH		11150
2		VA		SA	WIDOW	ED 🔀	DIVOR	CED 🗌			re Ci				MD.
3		Baltimore	(IF NOT IN SUC)	OSPITAL, NURSIN FACILITY, GIVE STREET and Gene	ADDRESS)	OR OTHER	tal	ION		AL OCCUPA YORK FOR MOS	TION FOF WORKING		KIND OF	F BUSIN	ESS OR
5	USU A 13a. S	AL RESIDENCE (IF NURSING HOME OF STATE MD 13b, COUN	OTHER INSTITUTION	Baltin	e admission) Nore	13d. INSI YES 🔀	DE CITY L		13e. STREI Gr	et address eate:	Pen	in.	Ave	. N,	/H
0	14. FA	ATHER'S NAME FIRST	MIDDLE	LAST		15 MOT	HER'S MA	IDEN NAM	ΛE	MIDDLE			LAST		
	16a V	VAS DECEASED EVER IN U.S. AR		166. SOCIAL SECU	JRITY NO.	17 INFO	RMANT			ADD	RESS				
Н	{Y	YES NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES)	216-10	-659	6 Ri	ta I	Butle	er 6	101 5	Coone	St			
		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	ly one couse per D BY: E CAUSE (0)	Sepsis	id (cs.)								APPROXIMETWEEN O	Hour	RVAL DEATH
		Conditions, if any, which	DUE TO, OR	AS A CONSEOU	ENCE OF										
		gave rise to immediate cause (a), stating the	DUE TO, OR	AS A CONSEOU	ENCE OF				1.0	25.0		3			
		underlying cause last.	(c)									es.			300
	N N	PART 2. OTHER SIGNIFICANT	CONDITIONS CO	NTRIBUTING TO	DEATH BUT	NOT REL	ATED TO	HE TERMI	NAL DISE.	ASE OR CO	NDITION G	IVEN IN I	ART Ito	1	
7	CERTIFICATION	19a. DATE OF OPERATION	19b. CONDI	TION FOR WHICH	OPERATIO	N WAS PI	ERFORME	D	200 AL	JTOPSY?	IN CERT	ES, WERE			TH?
}		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA			AY YEAR	21c. HO	W INJURY	OCCURRE	ED (ENTER	NATURE OF IN	IURY IN ITEM 1B	PART I OR	PART 2)	110	-
	NA I	(IF EITHER NOTIFY MEDICAL EXAMINER			19									-	
4	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE C	ET, FACTORY, OFFICE, F	ARM, ETC)	211 LOC	STREET			CITY OR	OWN	co	UNTY		STATE
		220 I certify that X (this haspi	tal) attended the	decoared from	ebrua	ary 2	8 ,,	. 82	M	arch	,	10 8	,	X	we) last
		saw the deceased alive or above, A) (we) (did) (A) A	March 2	ofter death.	2	nd that in	(nX) (our)	opinion d			date and ho	our and fi	rom the c		
9		226. SIGNATURE	a (2mlas	mo	DEGREE		IDING	MEDICA		AFF	22	S/ATES	SIGNED	7
Н		22d. PHYSICIAN'S NAME (TYPE O	R PRINT)	no year	1//	22e AD		ICIAN [DIRECTO	OR PHYS	ICIAN [72	10	
		Kathleen Ph		M.D.				arvla	and G	enera	l_Hosi	nita			
		BURIAL, CREMATION, REMOVAL	23b. DATE	23(. 1	VAME OF C					CATION		COUN			21415
	L '	Burial	3/5/8	2 M	It. Z	ion	Cem			alti				7.114	MD
	24 FL	UNERAL DIRECTOR			al or the						R 256 REGIS	STRIR	SIGNAZ	1/-	les.
	Wr	m. C. March I	F/H 11	01 E. N	North	Ave	€.	MAF	2 4	1982	Course	60	san/	MULL	-

March F/H



1		1 -						MARYLAND			. ,		
7	,	11-	FOR STATE					H AND MENTAL H	4.3	4	3 6		7
0	X	-	REGISTRAR CEASED NAME	FIRST	74161	MIDDLE	MINITER 3	LAST		REG. NO	MONTH E	DAY YEAR	7b. HOUR
	W ~ 4 49 - 1		E OR PRINT)		Richard	Alle	n	Banks	O	ESTI-	2		20 HOOK
	A SEE SE	3. SEX	4. RA		5. DATE OF BIRTH	6. A	GE (IN YEARS IF L	JNDER 1 YR. IF UNDER	24 HRS. 2c. DA	ATE	MONTH (1 19 82 DAY YEAR	2d. HOUR
		m	ale w	hite	MONTH DAY	/ 60 L	AST BIRTHDAY) MON	THE DAYS HOURS	MIN. PRONC	UNCED	3 1	19 82	12:5,1
	1000	7e. B1	RTHPLACE (STATE OF	R	76. CITIZEN OF WE			RIED NEVER MARR	9. BAL	IMORE CITY OF			AM
	A STATE OF THE STA				USA			WED DIVORC	ED 🗆	Baltimor			MD.
	O DELAY IS NO THE RUST OF THE PROPERTY OF T		Maryland TY OR 40WN OF DI	EATH	11. NAME OF HOSE	PITAL, NURSIN	G HOME, OR OT	THER INSTITUTION	12a USUAL OC	CUPATION (TYPE	OF WORK 126	OR INDUSTR	SINESS
	S. S.		altimore				imore G	eneral Hsp.		irman		auto	
21201	TER DEATH. IF ANY DELY E PAGES 1, 2, AND 3 TO FORM PM 3. RETAIN PL ES 1 AND 2 SHOULD BE TON OF WITAL RECORDS.	13a. S	L RESIDENCE (IF IN N	136 COUNT	Υ	13c. CITY OR	TOWN	13d. INSIDE CITY LIMITS?	13e. STREET AD	DRESS			
12.21	AND AND SHOULD RECOURT AND		aryland	Balts	imare	Balti	толе.	YES A NO		Maudlin	Avenu	e	
MD.	EATH. IF	14. FA	THER'S NAME	0 .	MIDDLE	LAST		15. MOTHER'S MAIDI	EN NAME	WIDDLE		LAST	
ORE	O AN BEST	16a V	Robert L	Bank		TIAL COCIAL	SECURITY NO.	Ruth J.	urner	ADDRESS		2.4.2	20
BALTIMORE,	JRS AFTER 8. GIVE PA WITH FOR T. PAGES 1 DIVISION	(Y	ES, NO, OR UNKNOWN)	(IF YES, GIVE W	VAR OR DATES)	216-8			0 1	2822 Ma	11.	212	
NA NA	WITH PAG	H	18 CALISE OF DE	ATH (Enter only	y one cause per line			Robert L	Banks	2022 1110	water	Avenue	
ST.	24 HOUR ITEM 18. ONG W PERMIT. SIENE, D		PART I DEATH	WAS CAUSED	BY:		e injur	ies				BETWEEN ONSET	AND DEATH
0	24 HO LITEM 1 LIONG T PERMI GIENE,	1	2170	IMMEDIATI	E CHOOL (O)	AS A CONSEG		103					
PRESTON ST	THIN FER A NASI	1	Canditians, if		(1)						50.4		
*	ANN ANN ON THE WILL		gave rise to couse (a) statis	ng the under-	DUE TO, OR	AS A CONSEG	UENCE OF						
201	O WEXA		lying cause las	<u>st.</u>	(c)								
DIVISION OF VITAL RECORDS,	ULD BE EXECUTED WITHIN 24 HOW "PENDING" IN PENCIL IN ITEM 18 5F MEDIOAL EXAMINER ALONG "ED AS A BURIAL - TRANSIT PERMIT HEATH AND MENTAL HYGIENE, AL, CREMATION, OR REMOVAL.	_	PART 2 OTHER SIGNIFICA	ANT CONDITIONS C		UT NOT RELATEO T	THE TERMINAL OISE	ASE OR CONDITION GIVEN IN PA	RT 1 (e).				
8	ARDI CRE/	CERTIFICATION					ALL II						
AL R	HIEF W USED A OF HEA OF HEA	CAI	190. DATE OF OPER	RATION	196 CONDIT	ION FOR WHI	CH OPERATION	WAS PERFORMED?				20 AUTOPSY?	
T.	WORE CH WORE CH SINT OF BELL	Ē	21g. EXTERNAL CA	HSF WAS	21b. TIME OF	INITIDY	21.	HOW INJURY OCCURRE	D .CHITCH NIATURE O	F 10.10.10.10.10.10.10.10.10.10.10.10.10.1		YES X	NO 🗆
0	TWEN TWEN		UNDERLYING	OR	HOUR A.M.	MONTH DA	Y YEAR						
Sio	SHO TO	MEDICAL	CONTRIBUTING 214 INJURY OCCU	RRED		M 3/1/8	1219 d	river in au	to/auto	COTTISTO	וזנ		
PI	E, WRITING WARDED PAGE 3 SH STATE DEPA 21201 PRI	¥	WHILE ON AT	T WHILE	STREET, FACT	oadway		OOB1kW.Pota	DSCOAVA	Raltimo	COUNTY	tv	STATE
	F. THIS CRTIFICATE SHOULD E. WRITING THE WORD "PR RWARDED TO THE CHIEF A FACE 3 SHOULD BE USED. STATE DEPARTMENT OF HE A 21201 PRIOR TO BURIAL, OF												110
	MAZE HE	1			e af the remains desc			^ _			I in my apınic	on	
-	REC BE		death resulted fro	1 177	couses [],	Accident X)	, Suicide L	TITLE (SPECIFY)	Undetermined	manner,			
	W.Y.		ACTUAL SIGNATURE	THE	MU M	10			nt MEDICAL EX	AMBIED	DATE SIGNED_	3/1/8	83
	SER FEE	-		VI	-			71.0	MEDICALEX	AMINER	SIGNED		
	TO MEDICAL EXAMINER: TO EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNEAL DIRECTOR: PAFIER DEATH, WITH THE STATEMENT MORE, MARYLIND 2		(TYPE OR PRINT)	E	Hormez R	Guard	L,M_D	ADDRESS111	Penn St	reet Ba	lto.,M	D 2120	
	534548 _	23 e. B	URIAL, CREMATION	REMOVAL 23	b. DATE		E OF CEMETERY	OR CREMATORY	23d. LOCATIO	N	COUNTY	ST	ATE
	BP	10	Burial		3/4/82	Low	aine Pa	nk Cemetery	Wood		Ltimor	a Md	
258	DHMH-17	24. F	UNERAL DIRECTOR		ADDRESS				REC'D. BY REGIS		TRACE SIGN	96.76	
	(VR A15 ME (5))	A	mbrose Fu	neral	Home 12	8 Sula	hun Spri	no Rd MAF	3 198	- grance	0 > Jan	Y MULLIN	





(VRA 15, 4) 1/79

BALTO., MD

21215

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corbonpopers. Poges 1 and 2 should be free

ne buriol-tronsit per or Item 18 show

and completely filled in by

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	- STATE REGISTRAR				CERTIF	ICATE O	F DEATH			REG. NO).		
	CEASED NAME E OR PRINT)	Eliza		Roberts		AST FYNYXX	Barna		March			DAY YEAR	7 7:50 a
3. SE	× Female	4	RACE White		5. DATE C		1898 ^{AR}	6.	AGE (IN YEA	RS LAST BIRT		MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
M	IRTHPLACE (STATEORI COUNTRY) Iaryland		U.S.		WIDOWE	X10	ERMARRIED [COUNTY re Ci	OF DEATH	MI
	Baltimor	e /	Mary	HOSPITAL, NURSIN THE FACILITY, GIVE STREET A LAND GENE	ral H	ospit		(1	a USUAL OC TYPE OF WORK FO Homema	OR MOST OF			
Ma	AL RESIDENCE (IF NURS STATE aryland	HIL COUNT Balt	Υ	13c. CITY OR TOWN		YES 🗌	E CITY LIMITS?		e. STREET AC	DRESS Mal	bay I	rive	
	ATHER'S NAME 11iam	Mil	nor	Rober	ts		er's MAIDEN I	NAME		MIDDLE		Milhoï	land
	WAS DECEASED EVER YES, NO ORUNKNOWN)		ED FORCES? WAR OR DATES)	214-32-32		17 INFOR	MANT ederick	Ro	berts	Barn		Same A	s#13e
	18. CAUSE OF DEAT PART I. DEATH W	H (Enter only 'AS CAUSED IMMEDIATE	BY:	line for (a), (b), one Cardiopuli		y arr	est					BETWEEN	CIMATE INTERVAL ONSET AND DEATH
	Conditions, if ony, gave rise to improve (a), stating underlying couse	nediote ig the	(b)	R AS A CONSEQUE Probable, R AS A CONSEQUE Dehydration	Diab NCE OF	H		idos	sis, P	robal	ole S	epsis day	hours ys
NOI	PART 2 OTHER SIGN	NIFICANT CO		Probable							ITION GIV	EN IN PART 1	01
CERTIFICATION	190 DATE OF OPERA	TION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PER	RFORMED		200 AUTOP	√ XX		S, WERE FINDI YING CAUSES S []	
MEDICAL CE	210. ACCIDENT WAS UND OR CONTRIBUTING CONTRIBUTING CONTRIBUTION	AUSE OF DEATH	216. TIME O HOUR A. P.	M. MONTH DA	Y YEAR	21c. HOW	INJURY OCC	URRED	(ENTER NATU	RE OF INJUR	IN ITEM 18 P	PART 1 OR PART 2)	
MEDI	21d. INJURY OCCURE WHILE NOT WH AT WORK AT WOR	ILE 🗍	21e. PLACE (AT HOME, STI	REET, FACTORY, OFFICE, FA			REET	0.0		CITY OR TOV	//	COUNTY	STATE
	sow the decease obove, (**) (we) (c			10		nd that in (r	19	OZ on deo	, 10	rcn on the do	te and hou		
	376 SICINATURE		m 1 1		- 1	DECREE						22. DATE	SICINED

TO FUNERAL DIRECTOR: IMPORTANT: If Item 21 is should be detoched with the Stote Dept. Joseph Gent, M.D. 230 BURIAL, CREMATION, REMOVAL 23b. DATE

(SPECIF Cremation

c/o Maryland General Hospital 23c NAME OF CEMETERY OR CREMATORY

22e ADDRESS

ATTENDING PHYSICIAN

734 LOCATION
CITY OF TOWN
Baltimore, Maryland

MEDICAL STAFF DIRECTOR PHYSICIAN

STATE

3/10/82

24 FUNERAL DIRECTOR DHMH-1650M1/B1 (VRA 15, 4)

3-11-82

Loudon Park Crematory 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

Ruck Towson Funeral Home, Inc. Towson, Md. 21

at the state of the	k Service Wilderson Services intodex	112
uniciant lity		
	Maryland General Mospital	
what was in the co		
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	Rehydration and Dimiotos	
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laifgant farans	t, n.o	Joseph Com

3. SE		George J. DATE C. MONTH NOV.	DF BIRTH YEAR		Barnes UNDER 1 YR. IF UNDER	20. DATE KNOWN OF ESTI- DEATH MATED	MONTH I	8 19 82 7 19 19 19 19 19 19 19 19 19 19 19 19 19	
3.5	BIRTHPLACE (STATE OF OREIGN COUNTRY) Maryland CITY OR TOWN OF DE BAITIMORE	76. CITIZI Uni:	76 CITIZEN OF WHAT COUNTRY? 18		RIED NEVER MARRIED		re City, No stype of work 112b. KIND OF BUSINESS		
35 USU 13a Ma	AL RESIDENCE (# INN STATE Bryland	NURSING HOME OR OTHER INST	TITUTION, GIVE RESIDENCE B		134 INSIDECITY LIMITS?	13e STREET ADDRESS 810 Quail	St.	•nstruction	
00	RICHARD WAS DECEASED EVE YES, NO, OR UNKNOWN) Yes	R IN U.S. ARMED FORCE (IF YES, GIVE WAR OR DATE W.W.II	Bar	nes nes ial security no. -03=4662	15. MOTHER'S MAIDE FIRST Ruth 17. INFORMANT Carole A.	Shipley 432	RESS	mond	
N, OR REMOVAL.	Conditions, if gave rise to cause (o) stotic lying couse las	ony, which immediate and the under-	(o) <u>Hyperten</u> E TO, OR AS A CONS (b) E TO, OR AS A CONS	SEOUENCE OF	iovascular	disease		BETWEEN ONSET AND DEATH	
Z	PART 2 OTHER SIGNIFICA	ANT CONDITIONS CONTRIBUTING	(c) G TO DEATH BUT NOT RELAT	EO TO THE TERMINAL OISE/	ASE OR CONDITION GIVEN IN PA	RT 1 (a			
MEDICAL CERTIFICATION	PART 2 DTHER SIGNIFICA 190. DATE OF OPER 210. EXTERNAL CAI UNDERLYING CONTRIBUTING 2114. INJURY OCCU	RATION 191 USE WAS 218 OR H CAUSE OF DEATH	G TO DEATH BUT NOT RELATED TO DEATH BUT NOT DEATH BUT	VHICH OPERATION 1	WAS PERFORMED?	RT 1 (a D (ENTER NATURE OF INJURY IN ITE		20 AUTOPSY? YES NO	

Hev. 13,1910 32 TENTHE Y Bel i low SEEV THE Une sellord 30 000 basisis A-M-Machill Coroller. Stigiov Wes Bloomsburg Ave. II.K. : Y

Burial -1 - Manowridge m. Fo - - Movie Cc. La yland
Lilly & Reiler Inc. CC J. Conkling St.

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

FOR

- STATE

REGISTRAR

ELGINE ENG	GA 73 m School State	414	
32	exercises and the second	1 - 1 - 1	
	18-7 - 18-20-11-2V 1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-		
	en cas an teral		
HI STORE ELL DE STERNE			

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

5 DATE OF BOTH 19-1919

MARRIED NEVER MARRIED

17 INFORMANT

WIDOWED

NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION

DIVORCED

7s. DATE OF DEATH 2h HOUR CINCYEARS LAST BRITISHTS F. BALTIMORE CITY OR COUNTY OF DEATH

17s USUAL OCCUPATION LETTE OF WORE FOR MOST OF WORKING LIFE!

17h KIND OF BUSINESS OR INDUSTRY

Supervisor Steel 13e STREET ADDRESS 21162

THE INSIDE CITY LIMITS? NO X Airport Rd.

IS MOTHER'S MAIDEN NAME MEDIE Marion

1457 Pollard

Marion E. Barton Same as 13e Lympsoblassic compsons

DUE TO, OR AS A CONSEQUENCE OF

STACEY

Th. CITIZEN OF WHAT COUNTRY?

WHITE

OF NOT IN SUCH FACILITY, OWE STREET ADDRESS.

University Hospital

HE CITY OF TOWN

13017

Barton

White Marsh

166 SOCIAL SECURITY NO

212.09.2144

DUE TO, OR AS A CONSEQUENCE OF

underlying source lost

FM

21e PLACE OF BUILDRY

CAT FIGNAL STREET, FACTORY, OFFICE, FARM, 610 to

no

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TIG.

71a ACCIDENT WAS UNDERLYING TO 7Th TIME OF INJURY OF CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR

22a.1 certify that emittin hospital) attended the deceased from

19

THE CONDITION FOR WHICH OPERATION WAS PERFORMED

THE HOW INJURY OCCURRED. THAT IS CALLED ON MORE OF MARKET IN AND TO CARRIED TO

NO

20s. AUTOPSY?

YES XI

28 LOCATION

CEY OF TOWN COUNTY 37429

YES .

206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

min ma and that in (my) (aut spinion death occurred on the date and hour and from the course stated

ATTENDING PHYSICIAN DIRECTOR PHYSICIAN 72# ADDRESS

MEDICAL

22. DATE SIGNED

73c NAME OF CEMETERY OR CREMATORY

DEGREE

734 LOCATION Balto.

COUNTY STATE.

NO: F

3/23/1982 Green Mount 24 FUNERAL DIRECTOR

73h DATE

25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR

DHMH - 16 50M 1/81 (VRA 15, 4)

AMPORT.

Cremation

775 SIGNA

- STATE

1 SEX

REGISTRAR

MALE

NUMBETHPLACE ENABLINEOUS

Maryland

IS CITY OR TOWN OF DEATH

Baltimore

Maryland

Clifford

A FATHER'S NAME

Yes

USUAL RESIDENCE IN MIRSTON HOLE

CLIFFORD

4 RACE

Baltimore

Stacey

IMMEDIATE CAUSE

IAN WAS DECEASED EVER IN U.S. ARMED FORCEST

PART I DEATH WAS CAUSED BY

Conditions, if any, which gave rise to immediate cause to stating the

94 DATE OF OPERATION

314. INJURY OCCURRED

IN EITHER, HOTEY MEDICAL EXAMINERS

PVDE WHILE

27H PHYSICIAN'S NAME THE PRINT

23e BURIAL CREMATION REMOVAL

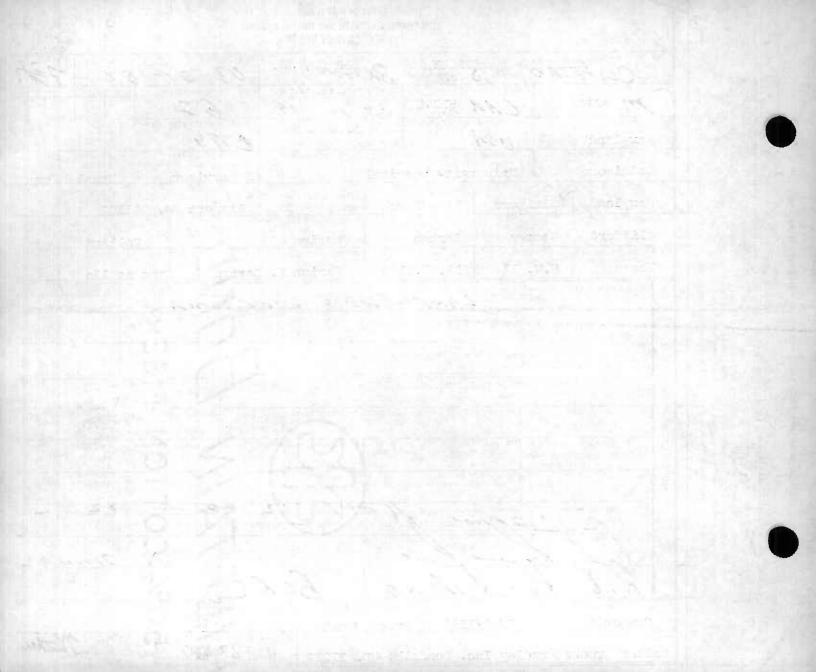
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W.W. 11

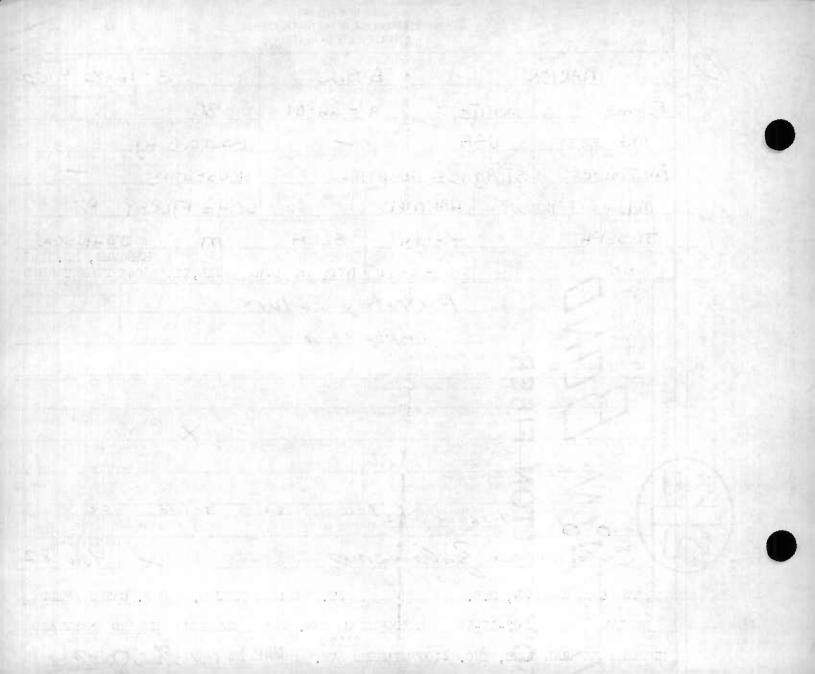
IE CAUSE OF DEATH (Enter only one couse per line for (a), (b), and go

Walter Brooks Bradley Inc. Dundalk, MD. 21222

STAFF



/	Į.	FOR STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 2 0 6 1 2 7 CERTIFICATE OF DEATH REG. NO.							
(X)		CEASED NAME FIRST	MIC	DDLE	ı	AST		MONIH DAY	YEAR 2b H	HOUR
1/	1.4.34	MARION	J		B	951L		3-16	-82 4	100M
	1 SE	X	4. RACE		5. DATE C		6 AGE (IN YEARS LAST BIR	HDAY) IF		NDER 24 HRS
The state of the s	F	EMALE	WHITE	2	MONTH 9	- 26-01	80	YRS.	VIHS DAYS HOU	IRS MIN.
	Za-B	RTHPLACE (STATE OF FOREIGN	76. CITIZEN OF W	HAT COUNTRY?	8 AAA DDIE	NEVER MARRIED	9 BALTIMORE CITY O		FDEATH	
5/5		PENNSYLVANIA	USF	7		DIVORCED [BALTO.	ital		MD
Delied O	B	LTIMORE		ACILITY, GIVE STREET		OR OTHER INSTITUTION	120 USUAL OCCUPATION OF WORK FOR MOST OF WORK FOR MOST OF	ON F WORKING LIFE)	126 KIND OF BUS	SINESS OR
35	13a. S	TATE 136 COUN	OTHER INSTITUTION GI		ADMISSION)	13d. INSIDE CITY LIMITS? YES NO K	13e STREET ADDRESS	OREY	Rd	
183C	14 FA	THER'S NAME	MIDDLE	LAST		15 MOTHER'S MAIDEN N	NAME MIDDLE		LAST	150
130	1:	TO SEPH		KELLY	7	ELLA	Misote	3	TOHNSO	INC
Z dicol		VAS DECEASED EVER IN U.S. AR	MED FORCES? IN	66 SOCIAL SECU	IRITY NO.	17. INFORMANT	ADDRE	SS HANC	VER, MD.	21076
the med		NO		212-74	-6593	WILLIAM LO	UIS_BASIL, II		FLOREY	
uriol, cremation, or rem		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIAT Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT C	DUE TO, OR A	AS A CONSEQUE	ence of apply	Se ma		DITION CIVEN	IN CART L	
s any injury,	CERTIFICATION	190. DATE OF OPERATION				N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, W	VERE FINDINGS U	ISED EATH?
shows	RTIF						YES NO	YES [] NC	
I SO CA		210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	216. TIME OF I	MONTH DA	AY YEAR	21c. HOW INJURY OCCU	JRRED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART	(OR PART 2)	
or Hem	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER 216 IN JURY OCCURRED	P.M. 21e. PLACE OF	IN HIDV	19	211 LOCATION				
morkedo	ME	WHILE NOT WHILE AT WORK		T FACTORY, OFFICE, F	ARM, ETC.)	STREET	CITY OR TO	νN	COUNTY	STATE
f them 21 is	7	220. I certify that (I) (this haspi saw the deceased glive an above (II) we) clid idid no 22b. SIGNATURE			(DEGREE	in death occurred on the da		22c. DATE SIGN	s stated
Z -		Juise	we.	Der Car	er i	PHYSICIAN	DIRECTOR PHYSIC	AND	4/10/	82
with the Stote		120 PHYSICIAN'S NAME (TYPE O				ST AGNES	HOSPITAL, 9	00 S. C	CATON AVE	ENUE
^ > <		URIAL, CREMATION, REMOVAL	23b. DATE	23c. N	NAME OF C	EMETERY OR CREMATORY			OUNTY	STATE
		BURIAL	03-19-8	32 ME	ADOWR	IDGE MEM. PA	RK ELKRIDGE	HOWAR	RD MARYI	LAND
1/81	24. FI	JNERAL DIRECTOR		ADDRESS		41447	ATE REC'D. BY REGISTRAR	56. REGISTRA	R'S SIGNATURE	
5, 4)	H	JBBARD FUNERAL	HOME, INC	4107	WILKE	NS AVE. M	AR 15 1982 L	Man. C	7 - 21 -	-1



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Health and Mental Hygiene

should be detached with the State Dept.

MPORTANT

marked or Item 18

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR				CERTII	FICATE OF DEATH	REG. N	0.		
DECEASED NAME				LAST	20. DATE OF DEATH	MONTH	DAY YEAR	26. HOUR	
	Mary	- 60	Rosalie	E	atterden	March	5,	1982	1.25 AM
3. SEX	10000	4. RACE		5 DATE (OF BIRTH	6 AGE (IN YEARS LAST BI	RTHDAY)	MONTHS DATS	IF UNDER 24 HRS
Female		W	hite	Feb	20, DAY 1893 YEAR	89	YRS		HOURS MIN,
76. 8IRTHPLACE (STATE	Tyland To CITIZEN OF WHAT COUNTRY? WARRIED NEVER MARRIED WIDOWED DIVORCED			9 BALTIMORE CITY C		City	MD		
Baltimon		(IF NOT IN	OF HOSPITAL, NURSIN N SUCH FACILITY, GIVE STREET A Clendale	ADDRESS]	(Residence)	126 USUAL OCCUPATION 126 KIND OF BU (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY HOME Maker			OF BUSINESS OR
USUAL RESIDENCE (IF) 130 STATE Maryland	13b. COU		130. CITY OR TOWN Baltimo	N	134 INSIDE CITY LIMITS? YES X NO	13e STREET ADDRESS 3212 Glend	lale	Ave	
14. FATHER'S NAME FIRST Josepl	h	MIDDLE P	Batterden		IS. MOTHER'S MAIDEN NA FIRST Annie	ME E		Eagan 1^	ST
160 WAS DECEASED ET		RMED FORCE		RITY NO.	17 INFORMANT	ADDR	ESS		
No	(IF 185, G	IVE WAR OR DATE	220-54-5	275	Miss Katheri	ne G Batter	rden	Same	9
18 CAUSE OF DI PART I. DEAT	H WAS CAUS	EĎ BY: ATE CAUSE (a		dia	o Failu			APPROX BETWEEN	ONSELAND DEATH
Conditions, if		DUE TO	AS CEVE	Jo T	Cerebros	olerosi	U	15	iges
couse (a), st underlying co	tating the	DUE TO	Jegel A	NCE OF	phritis	J'CVA 12.	-2-8	1	
	c bre	sacer	al decub	itus	NOT RELATED TO THE TERM		116		
STO ACCIDENT WAS	ERATION	19b. CO	NDITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES □ NO 🔼	IN CER	YES, WERE FINDI TIFYING CAUSES YES [
210 ACCIDENT WAS	UNDERLYING [216. TIM	AE OF INJURY		21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 1	B PART 1 OR PART 2)	

HOUR A.M.

P.M

21e. PLACE OF INJURY

HOME, STREET, FACTORY, OFFICE, FARM, ETC }

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18. PART 1 OR PART 2) MONTH DAY YEAR

211 LOCATION

CITY OR TOWN

COUNTY

STATE

220 I certify that (1) (this haspital pytended the descored sow the deceased olive on

FOR

M.D.

nd that in (my) (a) opinion death occurred an the date and hour and from the causes stated

ATTENDING MEDICAL

22c. DATE SIGNED

21d INJURY OCCURRED

OR CONTRIBUTING CAUSE OF DEATH

(IF EITHER NOTIFY MEDICAL EXAMINER)

NOT WHILE

Dr. Harold V. Harbold

DEGREE

4706 Harford Road Baltimore, Maryland

230 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

236 DATE 3/9/82 231 NAME OF CEMETERY OR CREMATORY New Cathedral

DIRECTOR PHYSICIAN

234 LOCATION
CITY OR TOWN

Baltimore, Maryland

24 FUNERAL DIRECTOR

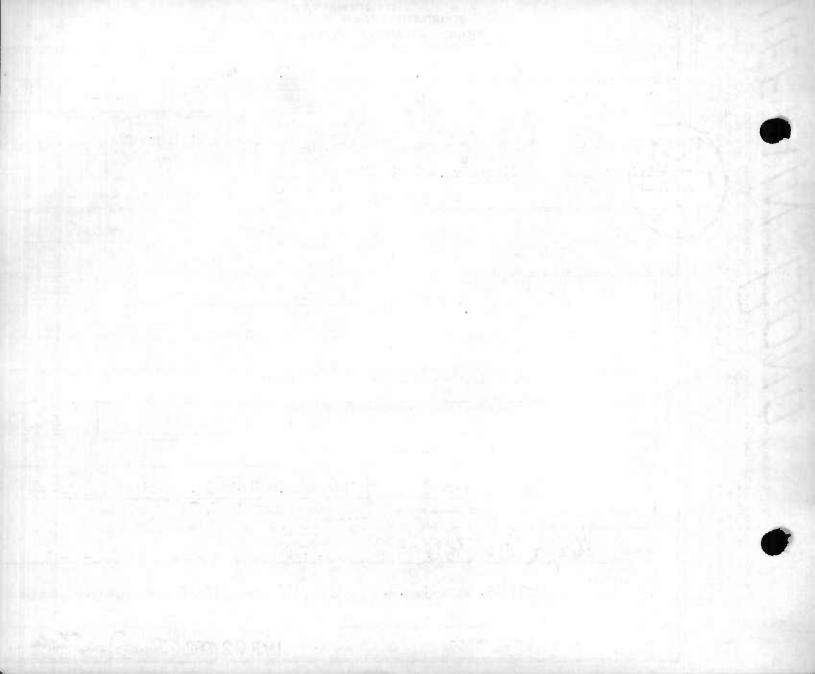
MEDICAL

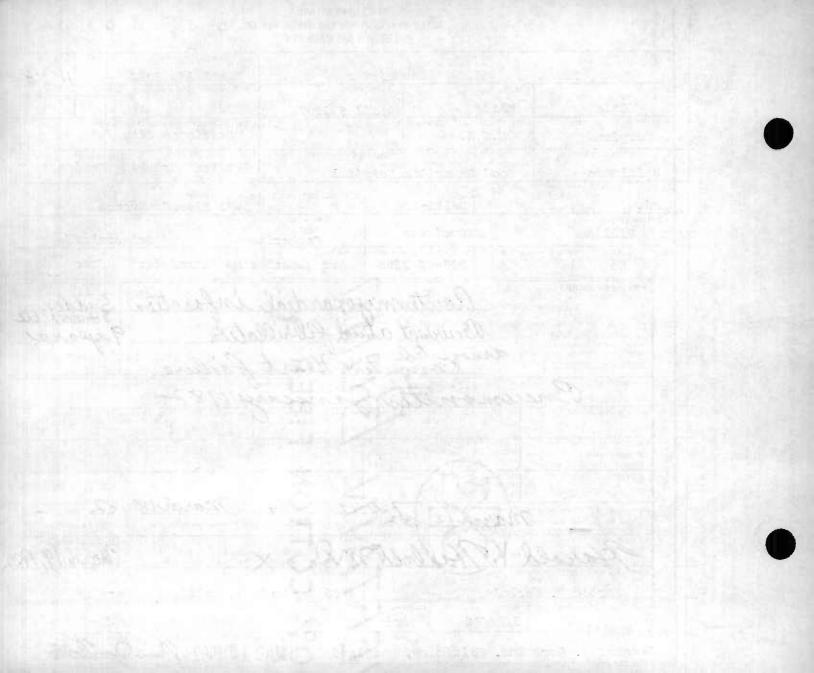
Leonard J. Ruck, Inc. Baltimore, Maryland MAR 5 1982 MARS

BP DHMH - 16 50M 1/81 (VRA 15, 4)

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March 18	Tarx.	- QN	-627	V-ortani	Harde
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Part Manage	BR EFF		tell saves	1711	ions prosect.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG NO DECEASED NAME KNOWN X (TYPE OR PRINT) ESTI-3-20-82,0 ROBERT DEATH MATED BATTLE. 3 SEX 4 RACE 5 DATE OF BIRTH IF UNDER 1 YR. IF UNDER 24 HRS DATE YEAR LAST BIRTHDAY PRONOUNCED 20-82 male black 48 DEAD 10 14 33 YRS 76. CITIZEN OF WHAT COUNTRY? & BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED X FOREIGN COUNTRY) USA WIDOWED DIVORCED MD Baltimore City ID. CITY OR TOWN OF DEATH 1. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS FOR MOST OF WORKING LIFE OR INDUSTRY Baltimore Milton Ave. & Biddle Street Baltimore 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS Belnord Avenue MD 4. FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE Battle Hester Smothers Sr. Robert MAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (YES, NO, OR UNKNOWN) N/A Robert J. Battle 902 N. Belnord Ave No 18 CAUSE OF DEATH (Enter only ane cause per line for (o), (b), and (c).) ED AS A BURIAL - TRANSIT PERMIT. HEALTH AND MENTAL HYGIENE, D AL, CREMATION, OR REMOVAL. PART I DEATH WAS CAUSED BY Gunshot wound of chest AMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0) CERTIFICATION GATE, WRITING THE VACUE FOR PARE FOR WARDED TO THE CHIEF ME FOR PAGE 3 SHOULD BE USED AFTOR: PAGE 3 SHOULD BE USED AFTOR PAGE 3 SHOULD BE USED 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES X NO I 21a, EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH UNDERLYING XXX subject shot CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. 211 LOCATION STREET, FACTORY, FARM, ETC.) Milton Ave. & Biddle St. Baltimore, Maryland NOT WHILE PAGE 4 SHOULD BE FORWARD TO FUNERAL DIRECTOR: PAGE AFTER DEATH, WITH THE STATE I BALTIMORE, MARYLAND, 21201 AT WORK AT WORK 22a. I certify that I took charge of the remains described above, held on Inspection Autopsy Inquiry and in my opinion Homicide XX death resulted Undetermined manner TITLE (SPECIFY) DATE 3-20-82 Assistant SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME ADDRESS 111 Penn Street 23r. NAME OF CEMETERY OR CREMATORY STATE Baltimore Burial 3/24/82 Eastview Mem. Pk. MD 1250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE CAN Plather 24. FUNERAL DIRECTOR **DHMH - 17** WM. C. March F/H ADT 1501 E. North Ave. (VR A15 ME (5)) 15M 2/80





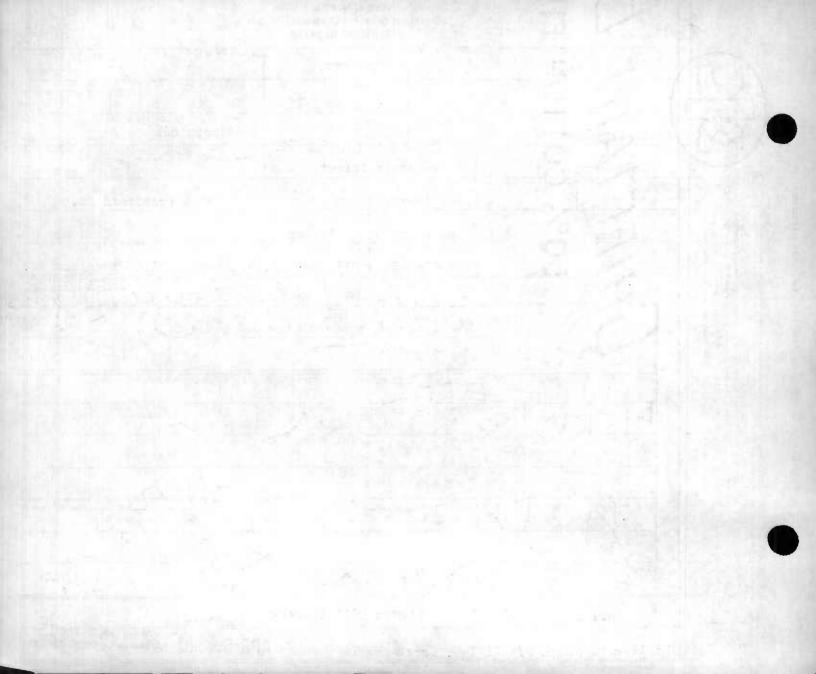
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

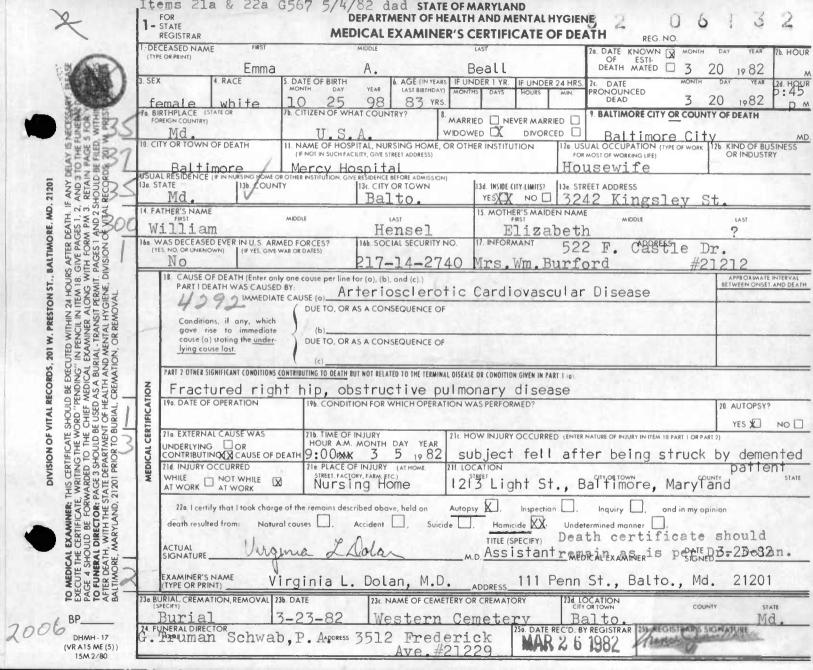
- STATE CERTIFICATE OF DEATH REGISTRAR REG NO L DECEASED NAME MIDDLE 2n DATE OF DEATH MONTH YEAR 26 HOUR (TYPE OR PRINT) 31 Kelly 82 Bazemore V. 3 SEX 4 RACE 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER TYEAR IF UNDER 24 HRS 1.3 male black 6 26 68 TO BIRTHPLACE (STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED THEVER MARRIED Baltimore city USA North Carolina WIDOWED DIVORCED | 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12m USUAL OCCUPATION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) LITYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Baltimore 3104 Presstman Street SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13c CITY OR TOWN 13e STREET ADDRESS 13d INSIDE CITY LIMITS? Baltimore 3104 Presstman St. YES A NO F 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME ALIDDIE LAST MIDDLE LAST Jefferson Esther Bazemore Bazemore 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT ADDRESS LYES NO OR UNKNOWN) LIE YES GIVE WAR OR DATES! 3104 Presstman St. 213-07-4471 Elizabeth L. Bazemore No A CAUSE OF DEATH (Enter only one cause per line) or (a), (b), and (c). PART I. DEATH WAS CAUSED BY. Canditions, if any, which gave rise to immediate cause tal, stating the DUE TO OR AS A CONSEQUENCE OF underlying cause last. HER SIGNIFICANT CONDIT CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO CONDITION FOR WHICH OF ERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO NO [21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART | OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION COUNTY (AT HOME STREET, FACTORY OFFICE, FARM ETC.) STREET STATE NOT WHILE 220.1 certify that (1) (this haspital attended the december from saw the secepsed all to an and that in (mys) gw) appears eath accurred an the date and haur and from the causes stated 77h SIGNATURI DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN MYSICIAN'S N 22e ADDRESS 230. BURIAL, CREMATION, REMOVAL 230 NAME OF CEMETERY OR CREMATORY 23b. DATE 23d LOCATION (SPECIFY) CITY OR TOWN 4/5/82 Cedar Hill Cemetery COUNTY Burial MD

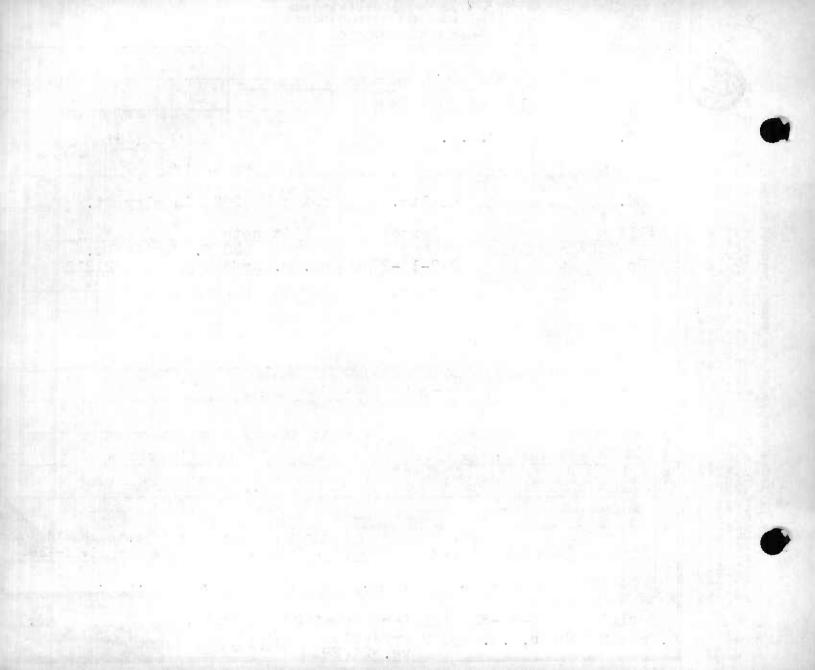
DHMH - 16 50M 1/81 (VRA 15. 4)

24 FUNERAL DIRECTOR William C. March F/H 1101 E. North Avenue

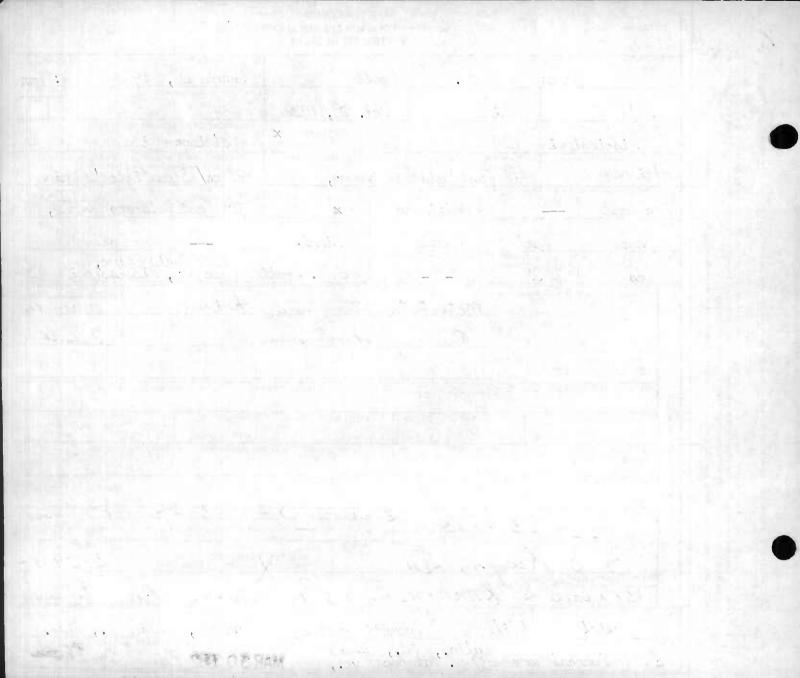
Glen Burnie 250 DATE REC'D. BY REGISTRAR 256. REGITRAR'S STONATURE







le l	1	FOR	200	STATE OF MARYLAND	IVOITIE M	06134
1 1	1	- STATE REGISTRAR	DEP	ARTMENT OF HEALTH AND MENTAL I CERTIFICATE OF DEATH	REG. NO.	0 0 1 0 ~1
10.		ECEASED NAME FIRST	WIDDIE	LAST	20 DATE OF DEATH MONTH	H DAY YEAR 26 HOUR
oth 3	(TY	James	B.	Beatty	March 26,	1982 4:11
	3. 5	EX	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
		Male	White	Oct. 28, 1922	9 BALTIMORE CITY OR CO	YRS.
oth p	/ /0.	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	TE CITIZEN OF WHAT COUNT	MARRIED LI NEVER MARRIED	Baltimore	City MD
ofter de transfer de vithir		CITY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY GIVES	IRSING HOME OR OTHER INSTITUTION	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK We den Stea	king life) 126 KIND OF BUSINESS OR INDUSTRY
hours hours be file	US	UAL RESIDENCE (IF NURSING HOME OR STATE 136 COUN	OTHER INSTITUTION, GIVE RESIDENCE	BEFORE ADMISSION)		21225
AND 24 n 24 hould	> 1	Manyland	Balti	more YES AL NO [508 East Pa	tapsco Avenue,
ARYL, within all 2 s	14		AIDDLE R LAST	15. MOTHER'S MAIDEN	MIDDLE	Conley
Se l'omi	16a.	WAS DECEASED EVER IN U.S. ARA		SECURITY NO. 17. INFORMANT	1229 DOMESS	0 .
BALTIMORE, MARYLAND 2120 cate be executed within 24 hours ysicion and completely filled in b opers. Pages 1 and 2 should be fi not, the medical examiner must be r		(YES, NO OR UNKNOWN) (IF YES, GIVE	19 428-24	-5150 Jack T. Bed		Mississippi 39204
, BALT icote k hysicia popers laval. ent, the		18 CAUSE OF DEATH (Enter onl PART I. DEATH WAS CAUSED	BY: Mand	i, and (cl.)	to Union	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
N ST.		1991	DUE TO, OR AS A CONS	FOLIENCE OF	4 10 2000	- Through
he death cert he attending I emove carbon motion, or ret		Conditions, if any, which	((b) Pre	in Michiga	con.	2 hatter
W. PR tot the by the se rem c, cremo		gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONS	EQUENCE OF		
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RECORDS, Iow requir So been sig termit. Then te prior to b	N S			2/2-/11		
	CERTIFICATION	19a. DATE OF OPERATION	196. CONDITION FOR W	HICH OPERATION WAS PERFORMED		. IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES \(\bigcap \text{NO} \text{\text{T}}
VITAI NN. Th. hysicio licote H rransit Hygie	4 8	210. ACCIDENT WAS UNDERLYING			CURRED (ENTER NATURE OF INJURY IN IT	
NOF SICIA SICIA SICIA SICIA Pertificion riol-tr	1 3	OR CONTRIBUTING CAUSE OF DEA	P.M.	19		
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DING or of After se os t oolth o		220.1 certify that (I) (this haspit	tal) attended the deceased f	om 3 - / - 19_	82 10 3-26	19 , that (I) (the last
TTENI Pital TOR: for us of He		sow the deceased alive on, above, (1) (we) (aid) (did na	3-21-82		nion death occurred on the date a	nd hour and from the causes stated
OR A DIRECT DIRECT DEPT.		226. SIGNATURE	1/	DEGREE ATTENDIN	IG \ /MEDICAL _ STAFF	221. DATE SIGNED
by the by the ERAL e dete State		22d. PHYSICIAN'S NAME (TYPE OF	(Cleryon -	PHYSICIA 22e ADDRESS		0 3.74.10
TO HOSPITA retoined by TO FUNERA should be de with the Stor		BERMANO	S. KARP	Ens In 5/3 (1 RU)	ressions.	Aris Brigold
LBP	230	BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	23b. DATE 4/1/1982	Puckett Cemetery	O CITY OR TOWN	vkin (o. Miss.
DHMH - 16 25M	24	FUNERAL DIRECTOR	Baltanoe	44.1 426.		REGISTRAR'S SIGNATURE
(VR A 15 (4)) 9/74	1	Idully Funeral t		atapsco Ave.	MAR 30 1982 KA	ince francisco



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO 20. DATE KNOWN I. DECEASED NAME (TYPE OR PRINT) OF ESTI-BELCHER WILLIE R. DEATH MATED 3 18 1982 3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2d HOUR DATE MONTH 5 2:57 PRONOUNCED 40 DEAD 18 1982 male negro TO BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Okla USA WIDOWED [DIVORCED Baltimore City O CITY OR TOWN OF DEATH 120. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION FOR MOST OF WORKING LIFE) OR INDUSTRY Clifton Ave. Baltimore USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 136 COUNTY 3801 Cranston Avenue YES X Baltimore MD 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE LAST FIRST Belcher Wallace 6a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT ADDRESS (YES, NO, OR UNKNOWN) 447-38-3781 Barbara Belcher 3801 Cranston Ave. 18 CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (g) Upper cervical spine fracture with compression DUK YOXORXAX X XXXXX BCXX BCXX BCXX XXXX of spinal cord A BURIAL - TRANSIT Conditions, if lony, which gave rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 DINER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? ICATE, WRITING THE WORD' FORWARDED TO THE CHE TARE PAGE 3 SHOULD BE USE THE STATE DEPARTMENT OF AND, 21201 PRIOR TO BURIA 8 YES X NO F 21a EXTERNAL CAUSE WAS 21h TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING TO OR XXX 3-18- 182 Apparently fell down steps. CONTRIBUTING CAUSE OF DEATH 214 INJURY OCCURRED 21e PLACE OF INJURY (ATHOME. 211. LOCATION EXECUTE THE CERTIFICATE, WRITING AND ADDER & FORWARDER TO FUNERAL DIRECTOR: PAGE 31 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARY (AND), 21201 P STREET, FACTORY, FARM, ETC.) COUNTY STATE WHILE NOT WHILE 1917 Clifton Ave. Balto Md. home 22a. I certify that I took charge of the remains described above, held an Autopsy and in my opinion Accident X Undetermined monner death resulted fram: Suicide Homicide TITLE (SPECIFY) ACTUAL M.D. Assistant MEDICAL EXAMINER 3 - 18 - 82SIGNATURE EXAMINER'S NAME Ann M. Dixon, M.D. 111 Penn St., Balto., Md. 21201 23d. LOCATION 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY Burial 3/23/82 Crownsville Md. Veteran Cem. 24 FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR 254 REGISTRA chances **DHMH-17** C. March F/H ADDRESS 01 E. North Ave. (VR A15 ME (5)) 15M 2/80



DEPARTA	MENT OF	TE OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	GIENE Ö Z	0	6 1	3	5			
		LAST	March 9,	MONTH D	DAY YEAR 26. HOUR 2:50 P					
		of Birth ust 19, 1927	6 AGE (IN YEARS LAST BI		FUNDER I YEAR	IF UNDER 24 I	M HRS			
T COUNTRY?	8. MARRIE WIDOW	ED NEVER MARRIED DIVORCED	9 BALTIMORE CITY OF BALTIMO	OR COUNTY			MD.			
ITAL, NURSIN		OR OTHER INSTITUTION	120 USUAL OCCUPAT			F BUSINESS	-			
RESIDENCE BEFORE CUY OR TOWN ALTIMOT	N	13d INSIDE CITY LIMITS?	133646 Xesw	ick Rea	ad					
LAST		15 MOTHER'S MAIDEN NAME FIRST Add		r	LAS	т				
SOCIAL SECUI		James H. Bel	ADDRI	Same						
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IBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVE	N IN PART 110)	=			
FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, IN CERTIFYI	WERE FINDIN	GS USED OF DEATH?				
URY		21c HOW INJURY OCCURE			T L OR DART 3)	- 0	_			

underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTE

71n ACCIDENT WAS UNDERLYING HOUR A.M. OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED

MONTH DAY YEAR 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE FARM, ETC.)

Bell

White

76 CITIZEN OF WHA

U.S.A.

NAME OF HOSE

DUE TO, OR AS

DUE TO, OR AS

196 CONDITION

E.

(IF YES, GIVE WAR OR DATES)

IMMEDIATE CAUSE (o

4 RACE

211 LOCATION

COUNTY

STATE

22a I certify that (1) (this hospital) attended the deceased from sow the deceosed alive on. , and that in (my) (our) opinion death accurred on the date and haur and from the causes stated above. (1) (we) (did) (did nat) view the bady after death 226. SIGNATURE

DEGREE

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

CITY OR TOWN

22c. DATE SIGNED

27d. PHYSICIAN'S NAME (TYPE OR PRINT)

Dr. Davis Hahn

NOT WHILE

22e ADDRESS 5601 Loch Raven Blvd.

Baltimore, Md.

230 BURIAL, CREMATION, REMOVAL Burial

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY 13 March 82 Lake View Memorial

Sykesville, Maryland

DHMH - 16 50M 1/81

CERTIFICATION

Item 18 sho

morked or

(VRA 15, 4)

FOR - STATE REGISTRAR DECEASED NAME

Female

Maryland

Baltimore

Maryland 14 FATHER'S NAME

10 CITY OR TOWN OF DEATH

NO OR UNKNOWN)

BIRTHPLACE (STATE OR FOREIGN

SEX

Leona

SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE 136. COUNTY

18 CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY

FIRS William 160 WAS DECEASED EVER IN U.S. ARMED FORCES?

> Canditians, if any, which gave rise to immediate couse (o), stating the

190 DATE OF OPERATION

Burgee Funeral Home 3631 Falks Rd. 21211

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

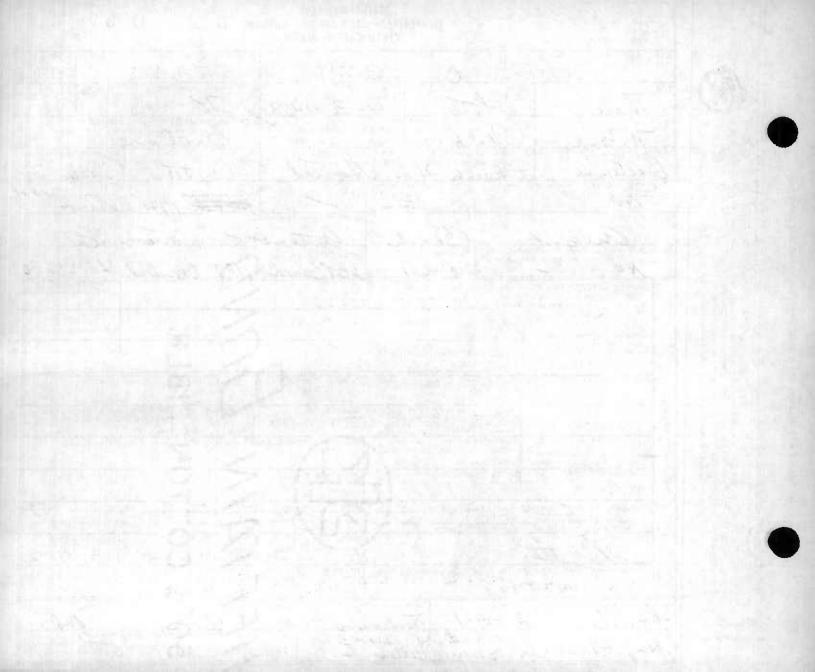
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4	1.	FOR STATE	DEPART	MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	IENE & Z. U	0 1 5 7
		REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
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od be		JOSE	PH C.	BENCH	MARCH 8, 1982	2 3:15P M
E (1197)	3.56	-	1 RAGE	5 DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN
e de		Male	Trhite	4-30-1903	YRS.	
P 20 0/0	70.8	MINDLACE CHANGE OF FOREIGN	16 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH
de 1 10 /		n. Juck	4 J. A.	WIDOWED DIVORCED	Dacken	ac Celly MD
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hou hou	Yin.	AL RESIDENCE IN JULIANG HOME OR	OTHER INSTITUTION, GIVE RESIDENCE BEFOR	ADMISSION) 13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	2/13
n 22		port.	1/5alt	YES NO	1740	Buch St.
# F 000	14. F/	THER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN NAM	ME	1457
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xecu ges dical		VAS DECEASED EVER IN U.S. AR		PRITY NO. 17 INFORMANT	ADDRESS	
Poge exe		NO -	2207460	1 Joseph Bouch	1187 Topolor	1.12. 1/230.
sicio sicio al.		18 CAUSE OF DEATH (Enter on	ly one cause per lime for (a), (b), an	d (c .1		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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beer mit.	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF YES	S, WERE FINDINGS USED
we see of the	필	2-5, 2-11 &	GANGRENE OF TO	ES, LEFT FOOT AND	IN CERT IF	YING CAUSES OF DEATH?
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ding ding s ce burid	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER	P.M. 21e PLACE OF INJURY	19 21f. LOCATION		
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or or or alth	100	AT WORK AT WORK	toDottended the deceased from_	FEBRUARY 2. 19.82	. MADCH O	00
TEN ON THE STATE OF THE STATE O		sow the derived alive on		32 , and that in (my (our)) pinion of	enth occurred on the date and hou	19.82, that (I) (we) last
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he h		21/1/11	-	ATTENDING	MEDICAL STAFF	23-8-82
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	23a l	URIAL, CREMATION, REMOVAL	IIIA DATE 7361	NAME OF CEMETERY OR CREMATORY	23d LOCATION CITY OR JOWN	COUNTY
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DHMH - 16 50M 1/81	24 F	NERAL DIRECTOR	1) Great works	21113 250. DATE	REC'D. BY REGISTRAR 251 DEGIST	RAK SSIGNATURE
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	1,	FOR - STATE		DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY	rgiene 8 2	0 6	40
		REGISTRAR CEASED NAME FIRST	M	IDDLE	CERTIFICATE OF DEATH	REG. N		
		EOR PRINT)				2a. DATE OF DEATH		26 HOUR
1	3. SE		4. RACE	C.	BENCZKOWSKI 5 DATE OF BIRTH	MARCH 6. AGE (IN YEARS LAST BI		5:458 M
		FEMALE	WHITE		JULY 14 1917	64	YRS DAYS	HOURS MIN.
1	70. B	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF W	HAT COUNTRY?	8 MARRIED X NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY OF DEATH	
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35	13a.	AL RESIDENCE (IF NURSING HOME OF TATE ARYLAND BALT	ROTHER INSTITUTION OF NTY	Dundalk	N 136 INSIDE CITY LIMITS?	13e STREET ADDRESS 7536 SCHOOL	OL AVE. 2122	2
	14. F	ATHER'S NAME FIRST	WIDDLE	LAST	IS MOTHER'S MAIDEN N			AST
30		JOHN	CH	LUDZINSK		INA BOI	RKOWSKI	ASI
2			VE WAR OR DATES)	166 SOCIAL SECU		ADDR		
		NO - 220-07-0095 John J. Benczkowski 7536 School						
	18 CAUSE OF DEATH Enter only one couse per line for 10), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiae Arrest 2° Ventr Cular Oue TO, OR AS A CONSEQUENCE OF Conditions, it ony, which gove rise to immediate (b) Output Due TO, OR AS A CONSEQUENCE OF Conditions or immediate							DXIMATE INTERVAL N ONSET AND DEATH
		IMMEDIA	TE CAUSE (o)	ardia	Arrest 2	en in Cala	7.11	
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		gave rise to immediate cause to stating the	(b)	AS A CONSEQUE	//	7		
		underlying couse lost	DOE TO, OK	AS A CONSEQUE	NCE OF U			
- Made	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CO	NTRIBUTING TO D	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CON	NDITION GIVEN IN PART I	10
2	CERTIFICATION	190 DATE OF OPERATION	19b. CONDIT	ION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FIND IN CERTIFYING CAUSE YES	INGS USED
G		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	216. TIME OF	INJURY MONTH DA	21c. HOW INJURY OCCU		JRY IN ITEM 18 PART 1 OR PART 2)	
/	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE	P.M		19			
	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE O (AT HOME, STREE	F INJURY ET, FACTORY, OFFICE, FA	21f LOCATION STREET	CITY OR TO	YINUO) NWC	STATE
		saw the deceased alive or above, (1) (5 c) (6 c) did no			Jan 29 19 82		ote and hour and from the	, that (1) (X) lost e couses stated
		22b. SIGNATURE	A A	ner deom.	DEGREE -	MEDICAL STA	22c DAT	E SIGNED 19/82
MPORTAN		226. PHYSICIAN'S NAME (TYPE	OR PRINT)				Medical Ce	nter
		Dr. Mohammad			1576 Merrit	t Blvd. Dunc	dalk Md. 212	
	23a 8	BURIAL, CREMATION, REMOVAL SPECIFY) Burial	3/22/8		Stanislaus Cemet		ore, Marylan	d
/81		UNERAL DIRECTOR		ADDREST	25a. DA	ATE REC'D. BY REGISTRAF	256 REGISTRAR'S SIGNA	
	G	eo rge A. Weber	& Sons	Inc. 705	S. Ann St. 21231MA	K22 1982 7	Junes Van	Weither
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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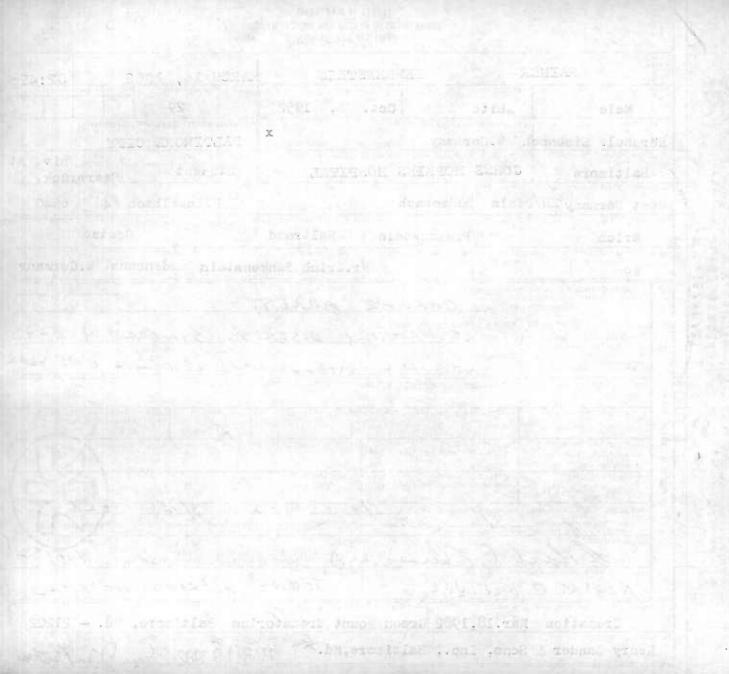
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3. SE	X	4 RACE	5. DATE (AGE (INYEAR	RS LAST BIRTHDAY) IF U	NDER 1 YEAR	IF UNDER 24 HRS
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	Baltimore	JOHNS HOPKIN	S HO			TYPE OF WORK FO	CUPATION OR MOST OF WOR		126 KIND O INDUSTRY Saarb	onivss a. ruck.
13a S	al residence (if nursing howeon state est Germany Rh/	TV III. CITY OR TOW	h ADMISSION)	13d. INSIDE CITY LIM			press ingelt	ach #	4 4	6540
14. FA	ATHER'S NAME Erich	Benkenst	ein	Waltra			MIDDLE	Go	etze	ī
16a V	VAS DECEASED EVER IN U.S. AR/ YES NO OR UNKNOWN) (IF YES, GIVI	MED FORCES? 16b. SOCIAL SECU		r.Erich F	Benker	nstein	ADDRESS Bude	nbaol	1, W.	Germany
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_	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MONTH DA	YEAR	21c. HOW INJURY C	OCCURRED	(ENTER NATUR	E OF INJURY IN IT	TEM 18, PART I	OR PART 2)	
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	22a.1 certify that (1) (this hospit sow the deceased slive an above (1) (we) (did) (did not	ol) ottended the deceased from	37,00	nd that in (my) (our) o	82 opinion deo	th occurred o	3/16 on the date or	nd hour one	d from the	that (I) (we) last couses stated
	776. SIGNATURE	A C. Klen		DEGREE ATTEND PHYSIC		MEDICAL DIRECTOR	STAFF PHYSICIAN		226. DATE S	16/8×
	ROBERT C	1 - 151	40	220 ADDRESS TON	NS	HOP	KINS	it	05/	TAL
	BURIAL, CREMATION, REMOVAL			EMETERY OR CREMA		23d LOCATIO	TOWN		MINTY	CTATE
	Cremation	Mar. 18, 1982 Gre	en M	ount Crema	atori	um Ba	altimo	re, M	d	21202
	UNERAL DIRECTOR			2	250 DATE DE	EC'D BY DEC	ISTRAR 256. F	ECICTRAD	C CICALATI	IDE

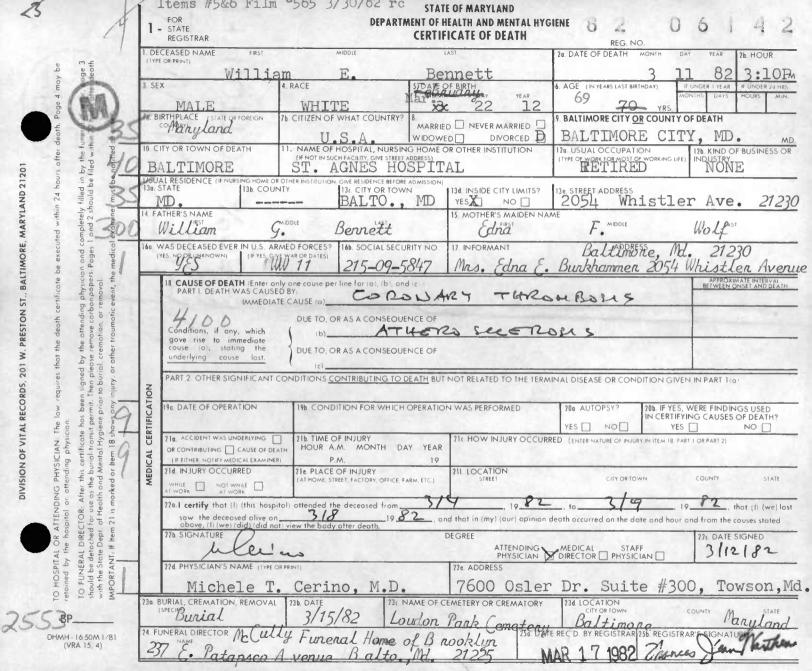
Henry Sander & Sons, Inc., Baltimore, Md.

DHMH - 16 50M 1/BI (VRA 15, 4)

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TO FUNERAL DIRECTOR:



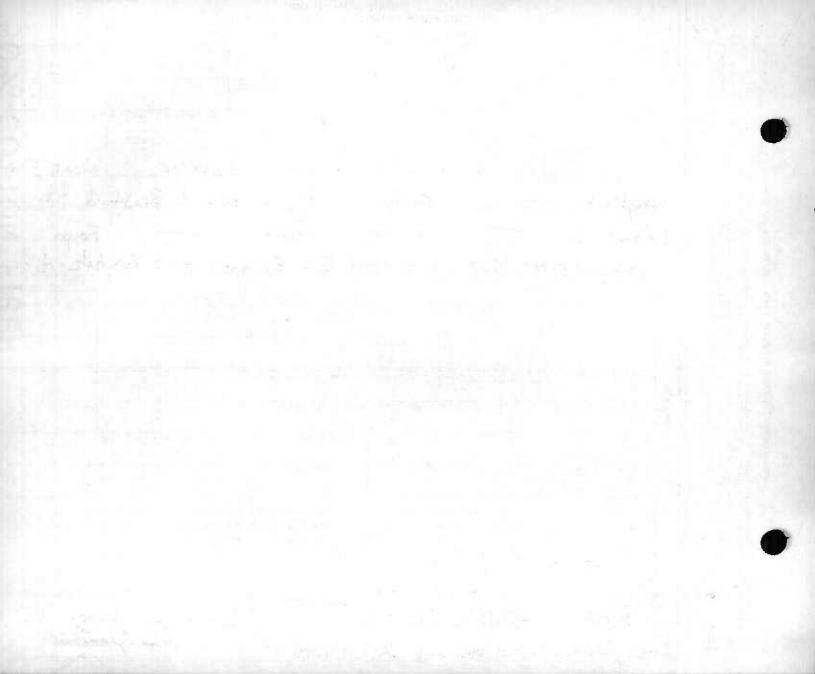


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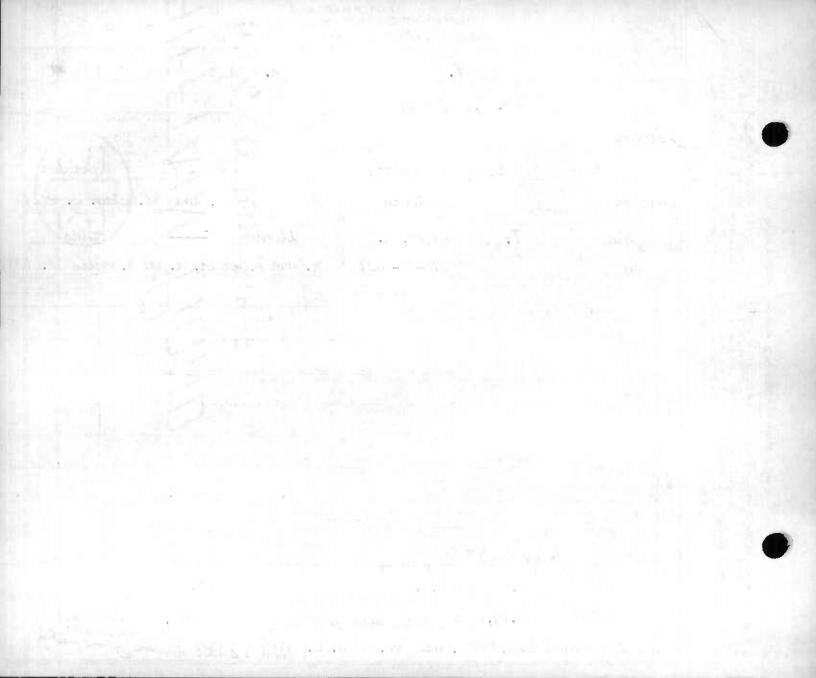
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3	/	1-	1 - STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR					1 4 3
1	X	1 DE	REGISTRAR CEASED NAME FIRST	MEDICAL EX		EKTIFICATE OF DE	REG. NO.	
157545	× ×	ITY	PE OR PRINT)				OF ESTI-	
	PLEASE RECTOR R FILE HOURE STREET	3. SE:	Henry		Ber AGE (IN YEARS IF UND	ger Der 1 yr. If under 24 hrs.	DEATH MATED KX 3	27 19 82 M
11120	NECESSARY, PLANERAL DIRECT FUNERAL DIRECT YOUR YOUR WINNERSTON STREET OF THE PROPERTY OF THE P	J. J.	male white	MONTH DAY YEAR	LAST BIRTHDAY) MONTHS		PRONOUNCED BEAD 3 2	II HOOK
	A VALOR	Ta. B	RTHPLACE (STATE OR	76. CITIZEN OF WHAT COUNTRY	YRS.	*	9. BALTIMORE CITY OR COUN	
	SE S	17	REIGN COUNTRY)	NSA	WIDOWE	D NEVER MARRIED D	Baltimore C	ity
THE ST	SE SE		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI	NG HOME OF OTHE	R INSTITUTION 120. US	UAL OCCUPATION TYPE OF WORK	126. KIND OF BUSINESS
	A CHERT		altimore	(IF NOT IN SUCH FACILITY, GIVE STREE 802 N. Br	adford St.	-	MOST OF WORKING LIFE)	WEST FIRE
100	HOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF AND 310 RD. "PENDING". IN PENCIL IN ITEM IB. GIVE PAGES 1.2 AND 310 CHIEF MEDICAL EXAMINER ALONG WITH FORM PM. S. RETAIN R. USED AS A BURIAL-TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE OF HEALTH AND MENTAL HYGIENE, DIVISION OF WITAL RECORDS. REIAL, CREMATION, OR REMOVAL.	13a, S	TATE 1 13b. COUN	R OTHER INSTITUTION, GIVE RESIDENCE BEFORE TY 136. CITY OF	DRE ADMISSION)	3d. INSIDE CLTY LIMITS? 13e. ST	REET ADDRESS	
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W QW	F-X00	14. F.	ATHER'S NAME	MIDDLE		15. MOTHER'S MAIDEN NAM	E MIDDLE	LAST
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Į Ž	124 H		41999 IMMEDIAT	DUE TO, OR AS A CONSE		cararovascar	ar arsease	
SE	THIN SIL IN SERVE		Canditions, if any, which gave rise to immediate	(b)				
×	WENCE WIN		cause (a) stating the under-	DUE TO, OR AS A CONSE	QUENCE OF			
201	ON MEN		lying cause last.	(c)				
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST	ATE SHOULD BE EXEC TE WORD "PENDING" THE CHIEF MEDICAL JUD BE USED AS A BU MENT OF HEALTH AN TO BURIAL, CREMATI		PART 2 OTNER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NOT RELATED	TO THE TERMINAL DISEASE (OR CONDITION GIVEN IN PART 1 (a).		
000	PEND PEND PEND D AS A HEALTH	ě	19a. DATE OF OPERATION	TIPL CONDITION FOR WH	CH OPER TOWN			
3	SIAL HE	CERTIFICATION	146. DATE OF OPERATION	196. CONDITION FOR WH	ICH OPERATION WA	S PERFORMED?		2B AUTOPSY?
>	WORD WORD WORD WORD SE US ENT OF	1	210. EXTERNAL CAUSE WAS	216. TIME OF INJURY	21c. HO	W INJURY OCCURRED LENTER	R NATURE OF INJURY IN ITEM 18 PART 1 OR F	YES NO
0	SET MENTAN		UNDERLYING OR CONTRIBUTING CAUSE OF D	DEATH P.M.	AY YEAR			
/ISIO	ERTIF ING ED TG S SHC PRICE	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY	AT HOME, 211 LOC			
2	ARITA ARDI AGE (AGE)	2	WHILE NOT WHILE TAT WORK	STREET, FACTORY, FARM, ETC.)	STR	REET	CITY OR TOWN	OUNTY STATE
Br. Jan	INER: THIS CERTIFICATE SHOULD SIGATE, WRITING THE WORD "PEI E FORWARDED TO THE CHIEF M TOR: PAGE 3 SHOULD BE USED A THE STATE DEPARTMENT OF HEA AND, 21201 PRIOR TO BURIAL, O			e af the remains described above,	held an Autapsy	, Inspection XX	Inquiry . and in my o	pinian
	A THE STATE OF THE		death resulted fram: Natur	al causes XX Accident], Suicide [],		termined manner ,	
	DIRE WIT		INDI			TITLE (SPECIFY)		
	RE, A		ACTUAL SIGNATURE	Juan	M.D	Assistant MET	DICAL EXAMINER SIGN	3/29/82
13.00	UNE NO PE) = -	EXAMINER'S NAME	5 0	M D	111 D.	Ctt D.lt.	03003
	TO MEDICAL EXAMINER: THIS C EXECUTE THE CERTIFICATE. WRI PAGE 4 SHOULD BE FORWARD TO FUNERAL DIRECTOR: PAGE AFTER DEATH, WITH THE STATE I BALLIMORE, MARYLAND, 21201	73a B	(TYPE OR PRINT) H	ormez R. Guard,	M D A		Street, Balto., M	U 212U1
		130.6	Burial	3/3/182 0-	SST IN SA	1	OCATION YORTOWN	UNITY STATE
070	3 BP	24. F	UNERAL DIRECTOR	1000000	- IAUN	250. DATE REC'D. B	Y REGISTRAR 19 9 GISTRAR	SIGN DAE
	DHMH - 17 (VR A15 ME (5))	C	VACL ROSDAY F	until Home Ine	1211 Chr.	Profes MAR 3	0 1982 Many	May (140) (00)
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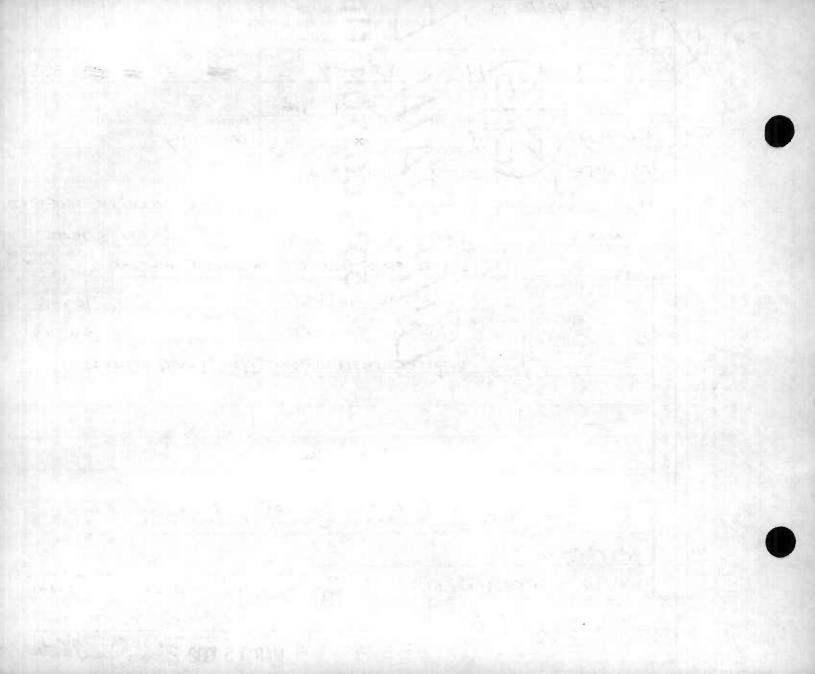


STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO MIDDLE DECEASED NAME 20 DATE KNOWN X (TYPE OR PRINT) JOHN BERGER DEATH MATED 19 82 SEX 4. RACE 5 DATE OF BIRTH 6. AGE (IN YEARS UNDER 24 HRS 2d. HOUR DATE Nov. 18, 195 YEAR PRONOUNCED 19 82 DEAD male white 9. BALTIMORE CITY OR COUNTY OF DEATH Je: BIRTHPLACE (STATE OR MARRIED NEVER MARRIED laryland Baltimore City DIVORCED ID. CITY OR TOWN OF DEATH 126 KIND OF BUSINESS 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION FOR MOST OF WORKING WEEL OR INDUSTRY University Hospital Operator 2, AND 3 TO T 3. RETAIN PA 2 SHOULD BE F Baltimore AND 2 SHOULD BE OF WIT ALPRECORDS. USUAL RESIDENCE LIFTIN NURSING HOME OR OTHER INSTITUTION. GIVE RESIDENCE BEFORE ADMISSIONI Baltimore 13d. INSUDE CITY LIMITS? 794 W. Tross St. Balto. Md. 21230 Maruland 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Lleen TER L. TORM P. FORM P. ES 1 Burns Bennen EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN 1EM 18. GIVE PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL - TRANSIT PERMIT. PAGES 1 AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION (BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL. 16e. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Mr. John T. Berger, Sr. 706 S. Baylis St. 212; 216-70-3623 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Multiple injuries IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D AUTOPSY? YES X NO 1 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY HOUR XXX XAONTH DAY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING YOR Operator in motorcycle/truck collision. 9:30P.M. 3-10-1982 CONTRIBUTING CAUSE OF DEATH 71d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 211. LOCATION AT WORK NOT WHILE STREET, FACTORY, FARM, ETC.) COUNTY * Hanover St. Bridge.Balto. Md. bridge Autopsy 220. I certify that I taak charge of the remains described above, held an and in my opinion Undetermined manner death resulted fram Suicide Natural causes TITLE (SPECIFY) ACTUAL Assistant MEDICAL EXAMINER 3-11-82 SIGNATURE EXAMINER'S NAME 111 Penn St. Ann' M. Dixon, M.D. (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 236. DATE 23¢. NAME OF CEMETERY OR CREMATORY 236 LOCATION Maryland Mar. 15, 1982 emeteru 24 FUNERAL DIRECTOR **DHMH-17** Modully Funeral Home, 1305 E. Fort Ave. Balto. Md. (VR A15 ME (5)

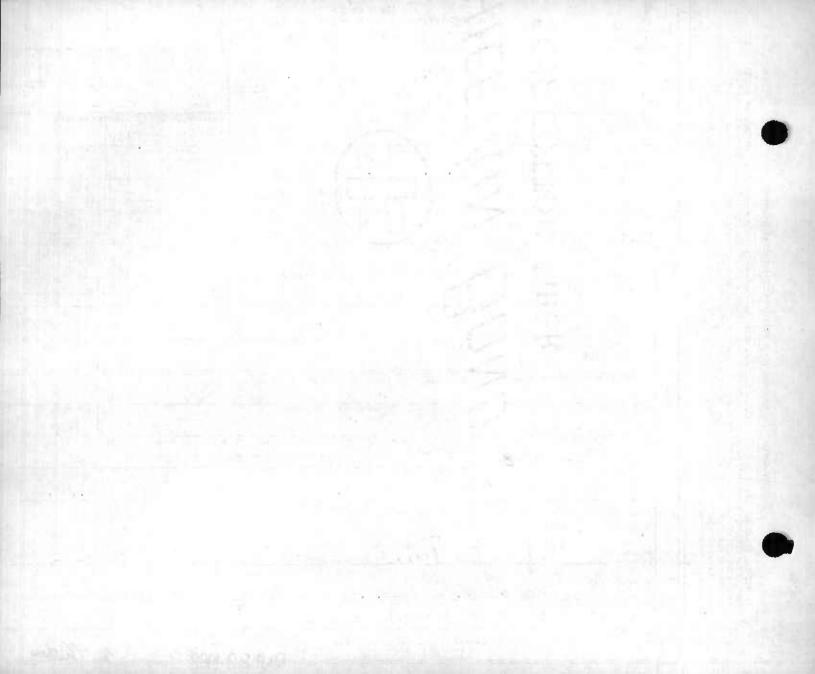
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Item 8 g566 4/26/82 gj



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE KNOWN PN119-287 (TYPE OR PRINT) EST1-ROBERT DEATH MATED OTTS BERRY. 4 RACE 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS S. DATE OF BIRTH DATE 29:27 MONTH black LAST BIRTHDAY male PRONOUNCED 51 9 30 3-19-8219 S. RETAIN PAGE 5 FOR YOU'S SHOULD BE FILED, WITHIN IN RIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY! MD USA Baltimore City WIDOWED DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION S. of Rt.152@mile Marker 057 Baltimore USUAL RESIDENCE (IF IN NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI 13b. COUNTY 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 5545 Midwood Avenue 8. GIVE PAGES 1, 2, WITH FORM PM 3. IT. PAGES 1 AND 2 S, DIVISION OF VITAL 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Robert Sr. Phenoy Biggers Berry 17 INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO ADDRESS (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 226-34-6109 Elsie Lee Berry 5545 Midwood Avenue Yes 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c), USED AS A BURIAL-TRANSIT PERMIT. OF HEALTH AND MENTAL HYGIENE, D RIAL, CREMATION, OR REMOVAL. PART I DEATH WAS CAUSED BY BETWEEN ONSET AND DEATH Neck injuries DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION INER: THIS CE...
ICATE, WRITING THE VI...
F FORWARDED TO THE CHIEF VI...
CTOR: PAGE 3 SHOULD BE USED AS
TOTAL PAGE 3 SHOULD BE USED AS 19a, DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES W NO 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 216 HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOURDA.M. THONOHOH -10PRM pedestrian struck by auto CONTRIBUTING CAUSE OF DEAT 211 LOCATION 21e PLACE OF INJURY (AT HOME 2mi. south of 152@mile execute the certificate, wri) page 4 should be forward **to funeral director:** page after death, with the state I AT WORK Harford Co. . Md. highway -AT WORK 22 a. I certify that I took charge of the remains described above, held an and in my apinion Homicide Undetermined monner ACTUAL Assistant MEDICAL EXAMINER SIGNED 3-20-82 SIGNATURE EXAMINER'S NAME Karall 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Burial Merharin Church Cemetery 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE **DHMH-17** WMM. C. March F/H TTO1 E. North Ave. (VR A15 ME (5)) 15M 2/80



- STATE

REGISTRAR

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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		bern eltrer aca-		
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EXECUTE AND A SECOND OF THE SE

and completely filled in by the funeral director, page 3 aggs 1 and 2 should be filed within 72 hours after death

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MPORTANT

STATE OF MARYLAND

	1 - STATE REGISTRAR	DEPARTM	CERTIFICATE OF DEATH	REG. NO.	6 1 5 1		
	1. DECEASED NAME FIRST (TYPE OR PRINT)	WIDDLE	LAST	20. DATE OF DEATH MONTH DAY	YEAR 26 HOUR		
	JAMES	LAWRENCE	BEVANS SR.	MARCH 10, 1	982		
	3. SEX 4	RACE	5 DATE OF BIRTH		INDER 1 YEAR IF UNDER 24 HRS		
	MALE	WHITE	AUGUST 14, 190%	75 YRS MON	THS DATS HOURS MIN.		
1	Je. BIRTHPLACE (STATE OR FOREIGN 71	6 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF	DEATH		
5	MARYLAND	USA	WIDOWED DIVORCED	BALTIMORE CITY	MD		
0	BALTIMORE	1246 NORTHVIE		(TYPE OF WORK FOR MOST OF WORKING LIFE)	126 KIND OF BUSINESS OR INDUSTRY INSURANCE		
5	ISUAL RESIDENCE (IF NURSING HOME OR O 136 STATE 136 COUNT		N 13d INSIDE CITY LIMITS?	13e. STREET ADDRESS 1246 NORTHVIEW R	D. 21218		
-	14 FATHER'S NAME FIRST MI	IDDLE LAST	15 MOTHER'S MAIDEN NA	WE	1467		
4	GEORGE	BEVANS	S LYDIA	MIDDLE	TAYLOR		
16	160 WAS DECEASED EVER IN U.S. ARM (YES. NO OR UNKNOWN) I FYES GIVE Y	WAR OR DATES)					
	18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE		iona 1 The	Colon	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
	Canditians, if any, which	DUE TO, OR AS A CONSEQUER	NCE OF				
	gave rise to immediate cause (a), stating the underlying cause last	imediate ing the last DUE TO, OR AS A CONSEQUENCE OF					
	PART 2 OTHER SIGNIFICANT CO	DNDITIONS CONTRIBUTING TO D	EATH BUT NOT RELATED TO THE TERM	LINAL DISEASE OR CONDITION GIVEN	IN PART Ito		
2	196. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH (OPERATION WAS PERFORMED	200 AUTOPSY? 206 IF YES, WIN CERTIFYIN YES NO YES	ERE FINDINGS USED IG CAUSES OF DEATH? NO		
1		216. TIME OF INJURY HOUR A.M. MONTH DA' P.M.	Y YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18 PART	OR PART 2)		
	OR CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH	21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE, FA	21f LOCATION STREET	CITY OF TOWN	COUNTY STATE		
	220 I certify that (1) (this haspita	il) attended the deceased fram_	19 73	to 3/10 19	1 that TD/wal last		

TO FUNERAL DIRECTOR: and be detach DHMH - 16 50M 1/B1 (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL CREMATION

236 DATE MAR. 11,1982

DIAZ

230 NAME OF CEMETERY OR CREMATORY GREEN MOUNT CEM.

DEGREE

77* ADDRESS 7600

23d LOCATION
CITY OF TOWN
BALTIMORE

and that in (my) (aur) apinian death accurred an the date and have and from the causes stated

COUNTY

24 FUNERAL DIRECTOR

77h SKONATUR

MITCHELL-WIEDEFELD HOME 6500 YORK RD. 21212

saw the deceased alive on abave. (I) (we) Hid (did not) view the body after death

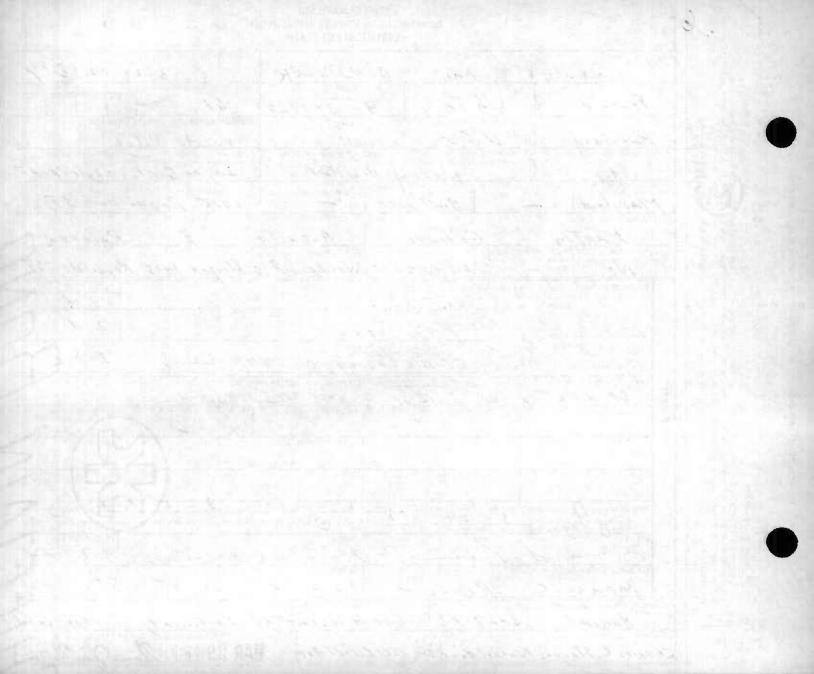
ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

Th. DATE SIGNED

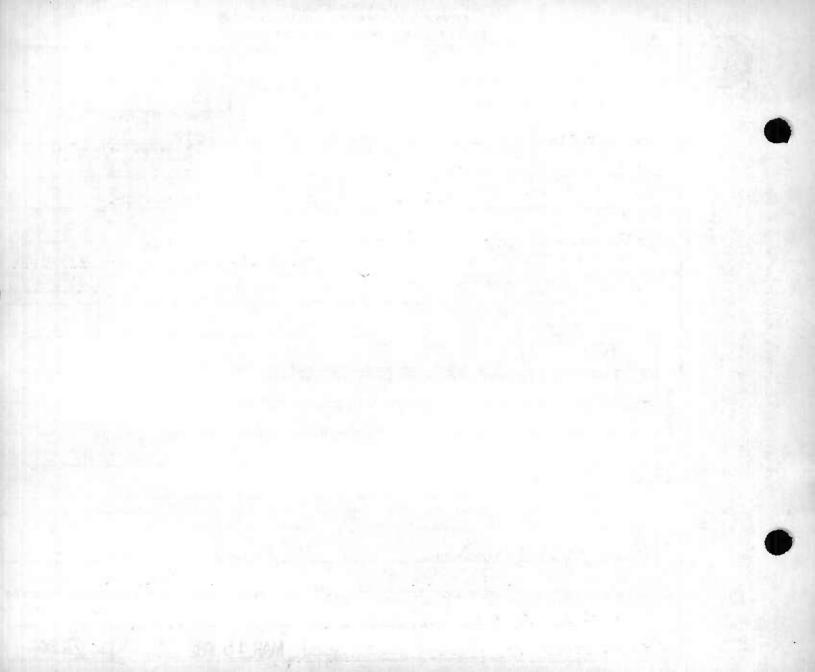
CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME 2n. DATE OF DEATH MONTH 2h HOUR LIVEE OR PRINTS 001N6-68 - RANCES Ann 1920 THE CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING INDUSTRY Style CRAF JAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13e. STREET ADDRESS BAITIMERE 14 FATHER'S NAME MIDDLE 940USTA ARMED FORCES? 16h SOCIAL SECURITY NO (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 215-03-9230 Woodpow A. Biddinger 1405 Revuelds 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o)_ DUE TO, OR AS A CONSEQUENCE OF NEUMONIA Conditions, if any, which gove rise to immediate couse (o), stoting the ARCINOMA OF THE CUM underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOL YES [71a. ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 0 21e. PLACE OF INJURY 211. LOCATION CITY OR TOWN COUNTY (AT HOME STREET, FACTORY, OFFICE, FARM ETC.) NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from sow the deceased alive on above (1) (we) (did not ond that in (ny) (our) opinion death occurred on the date and hour and from the causes stated (did) (did not) view the body ofter death 22b. SIGNATURE DEGREE 22r. DATE SIGNED ATTENDING __MEDICAL PHYSIC IAN DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME ITYPE OF PRINTS 22e ADDRESS should be with the S MPORT 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY CedAR Hill Cometer KURIAI DHMH - 16 50M 1/81 Chapters L. STEVENS Firme Rol Home, Inc. 1501 E. FERT AVE (VRA 15, 4)

STATE

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 20. DATE KNOWN TX (TYPE OR PRINT) ESTI-**GLENN** BIGELOW DEATH MATED 3 19 82 3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR IF UNDER 24 HRS DATE и ноик 6:35 28 54 PRONOUNCED DEAD 19 82 male nearo YRS am 76. CITIZEN OF WHAT COUNTRY? 70 BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY! DIVORCED WIDOWED Baltimore City North Carolina USA D. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12a. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE OR INDUSTRY Baltimore 4000 Aragon Ave. LUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) STATE . THE COUNTY Balto. 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 4000 Aradon Dr. NO [] 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE LAST Walter Bigelow Lula 160. WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMANT ADDRESS (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Mrs. Katie Lee 4402 Fernhill Ave. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: ALTH AND MENTAL HYGIENE CREMATION, OR REMOVAL. IMMEDIATE CAUSE (0) Intravenous narcotism DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 DINER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION USED / 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D AUTOPSY? BURIAL, YES X NO [3 SHOULD BE DEPARTMENT 21g. EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 0 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH PRIOR MEDICAL PM 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. 21f. LOCATION AT WORK AT WO STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE TO MEDICAL EXAMINER: THIS EXECUTE THE CERTIFICATE, WR PAGE A SHOULD BE FORWARI TO FUNERAL DIRECTOR: PAGE AFTER DEATH, WITH THE STATE BATTIMORE, MARYLAND, 2120 X 220 1 certify that I took charge of the remains described above, held an Autapsy Inspection Inquiry and in my opinian Natural causes X death resulted fram: Accident Suicide Hamicide Undetermined manner TITLE (SPECIFY) Assistant 3-11-82 EXAMINER'S NAME Dixon, M.D. Ann M. 111 Penn St., Balto., Md. TYPE OR PRINT 238. BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY STATE Buria 7 3/15/82 BP WOODLAWN CEM BALTO 24 FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR **DHMH-17** ADDRESS LEROY O. DYETT 4600 LIBERTY VR A15 ME (5)) 15M 2/80



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME FIRST KNOWN [3 2a. DATE MONTH 2h HOUR (TYPE OR PRINT) ESTI-OF NECESSARY, PLEASE UNBERAL DIRECTOR. 5 FOR YOUR FILES. WITHIN 72 HOURS W, PRESTON STREET. John DEATH MATED B. Birch 29 19 82 3 SEX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS 2d HOUR 8:18P DATE YEAD LAST BIRTHDAY PRONOUNCED Male White 74 DEAD 29 10 82 Dec. 4 1907 7h CITIZEN OF WHAT COUNTRY? In BIRTHPLACE (STATE OF 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY Washington U.S.A. Baltimore City WIDOWED & DIVORCED ID CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION (TYPE OF WORK 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 126 KIND OF BUSINESS Steel Steel Wire Taborer IF NOT IN SUCH FACILITY GIVE STREET ADDRESS Mercy Hospital Baitimore AL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) a STATE 136 COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Baltimore Md. NO T 506 Abbottson St. 21218 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE FIRST AMDDLE LAST FIRST T. Burgess Birch Ruth Anderson USED AS A BURIAL - TRANSIT PERMIT. PAGES 1 A OF HEALTH AND MENTAL HYGIENE, DIVISION OF REMOVAL. ADDRESS Spokane Wash 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 166 SOCIAL SECURITY NO (YES, NO, OR UNKNOWN) No Alexander Birch North 5403 Maple St. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (6) Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION EXECUTE THE CERTIFICATE, WRITING THE WORD "PE PAGE 4 SHOULD BE FORWARDED TO THE CHIEF N TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED. A AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BALTIMORE, MARYLAND, 21201 PRIQR TO BURIAL, C 19a DATE OF OPERATION 19% CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES [кХХои 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH PM TIE PLACE OF INJURY CATHONE 21f. LOCATION 21d INJURY OCCURRED STREET, PACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK 22s: I certify that I too Autopsy Inquiry ond in my opinion death resulted from Homicide Undetermined monner TITLE (SPECIFY) ACTUAL DATE 3/30/82 Deputy ChiefDICALEXAMINER SIGNATURE SIGNED EXAMINER'S NAME Thomas D. Smith. M.D. III Penn ST. Baito. MD. (TYPE OR PRINT) ADDRESS 23a, BURIAL, CREMATION, REMOVAL 23b. DATE 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY COUNTY STATE Burial Cedar Hill Cemetery 256 DATE REC'D. BY REGISTRAR 256 PEGISTRAR'S SIGNATURA APR 5 1982 Baltimore BP 24 FUNERAL DIRECTOR Balto.. **DHMH-17** George J. Gonce F.H. 4001 Ritchie Hgwy. (VR A15 ME (5)) 15M 2/80

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1	1	FOR STATE	DEPARTA	MENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH	GIENE O Z	00133
		REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
m 5	/1YD	ECEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
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2 20	3. SE		4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 24 HRS
10 14		F	14/	MONTH DAY YEAR		MONTHS DAYS HOURS MIN.
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± 50 \$<		co Maryland	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COU	
و ا			UJA	WIDOWED DIVORCED	BALTIMO	RE CITY MD.
fed with	1	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET	G HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION	12h KIND OF BUSINESS OR
\$ 1 P	13	ALTIMORE	MARYLAND UA	INERSITY HOSP.	Vita Foods	food indus
be f	Usu	AL RESIDENCE (IF NURSING HOME O	ROTHER INSTITUTION GIVE RESIDENCE BEFORE	ADMISSION)		
Sold out		laryland 30.	Ar. Chester	150	Rolphs Wharf	Rd.
etely 12 sh		ATHER'S NAME	MIDDLE . LAST	15. MOTHER'S MAIDEN NA	u more	
w mple	10	ohn A.	Squires Squires	Bertha	Trimble Pr	rince
0 - /		WAS DECEASED EVER IN U.S. AI	RMED FORCES? 166 SOCIAL SECU	RITY NO. 17 INFORMANT	ADDRESS	
Poges medico		YES, NOTONKNOWN) (IF YES, GI	VE WAR OR DATES) 220-01-	7485William F.	Blackiston	-husband- same
ron hen	-					
y signature of the state of the		PART I. DEATH WAS CAUSE	nly one couse per line for (a), (b), and ED BY:	die		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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and the company of th		gove rise to immediate couse (a), stating the)		Ent Moderation	
oy t		underlying couse lost	DUE TO, OR AS A CONSEQUE	PIRWAY OBSTRUC	T14.1	TO THE
pleo pleo priol		DART O OTHER SIGNIFICANT	(c) V 7 7 C K	TING AT COSTRUC	-110N	
sign hen o bu	Z			EATH BUT NOT RELATED TO THE TERM		GIVEN IN PART ITO
ior t	CERTIFICATION	METHSTAT		MA OF ESOP	HA EUS	
O E E D	2	190 DATE OF OPERATION	146 CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH?
how how] 🚆				YES NO	YES NO
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the purposed of the led of the le	ME	WHILE NOT WHILE	(AT HOME STREET, FACTORY, OFFICE, FA	ARM ETC) STREET	CITY OR TOWN	COUNTY STATE
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for of h	(sow the deceased alive or above, (1) (we) (did) (did no	3 - 2 4 19 8	, and that in (my) (our) opinion	death occurred on the date and	hour and from the couses stated
hos thed ched cept.		22b. SISNATUU	0	DEGREE		22c. DATE SIGNED
5 11 9 11 7		Xaco	26 0 1)	ATTENDING -	MEDICAL STAFF	
Stoil ANT	1	224 PAYSICIANS NAME AND	and Chi	PHYSICIAN [DIRECTOR PHYSICIAN	3/24/82
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₽ - v s <	23a 1	BURIAL, CREMATION REMOVAL		AME OF CEMETERY OR CREMATORY	23d LOCATION	
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MH - 16 50M 1/81	24	INERAL DIRECTOR	2 /2	25a DA	EREC'D. BY REGISTRAR 256/REC	SISTRAPS IGNATURE
(VRA 15, 4)	110	TW MANFIELLOWS &	and Son Miltin	gton, MD 2165	# 3 1 1982 M	in Jan
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO L DECEASED NAME LAST 2a DATE OF DEATH MONTH 2h HOUR TYPE OR PRINTS 7:00P Raymond Eugene Bloom Sr 3-17-82 4 RACE 3 SEX 5. DATE OF BIRTH 6. AGE LIN YEARS LAST BIRTHDAYL IF UNDER I YEAR IF UNDER 24 HRS ALCONITU male white 1933 Sept. YRS. . BIRTHPLACE I STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland USA Baltimore City WIDOWED DIVORCED ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE John Hopkins Hospital INDUSTRY Baltimore Meat Cutter Food Store USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 13b. COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e, STREET ADDRESS MD Baltimore 2027 E. Pratt Street YES XX NO 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME Ralph Evans Bloom Sr. LAST Margaret Ann Hawkins 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO 17 INFORMANT 1953-55 DATES 20 6887 2605 Miles Avenue Evelyn Bloom 21211 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per fine for (0), (1), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE 10 CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

MEDICAL

210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED

NOT WHILE

HOUR A.M.

23b. TIME OF INJURY MONTH DAY YEAR 19 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE FARM ETC.)

211 LOCATION STREET

_, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

CITY OR TOWN

NO F

sow the deceased olive on, above, (1) (we) (did) (did not) view the body ofter death 206 SIGNATUR

S NAME (TYPE OF PRINT

220.1 certify the (1) (this hospital) attended the deceased from

DEGREE ZIA ADDRESS

PHYSICIAN |

MEDICAL STAFF DIRECTOR PHYSICIAN

NO

216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

IMPORT, houl Burial

(VRA 15, 4)

00

24 FUNERAL DIRECTOR DHMH - 16 50M 1/81

230. BURIAL, CREMATION, REMOVAL 23b. DATE

23c. NAME OF CEMETERY OR CREMATORY Md Veterans Cemetery

734 LOCATION

Crownsville Anne-Arus

COUNTY

Burgee Funeral Home 3631 Falls Road 21211

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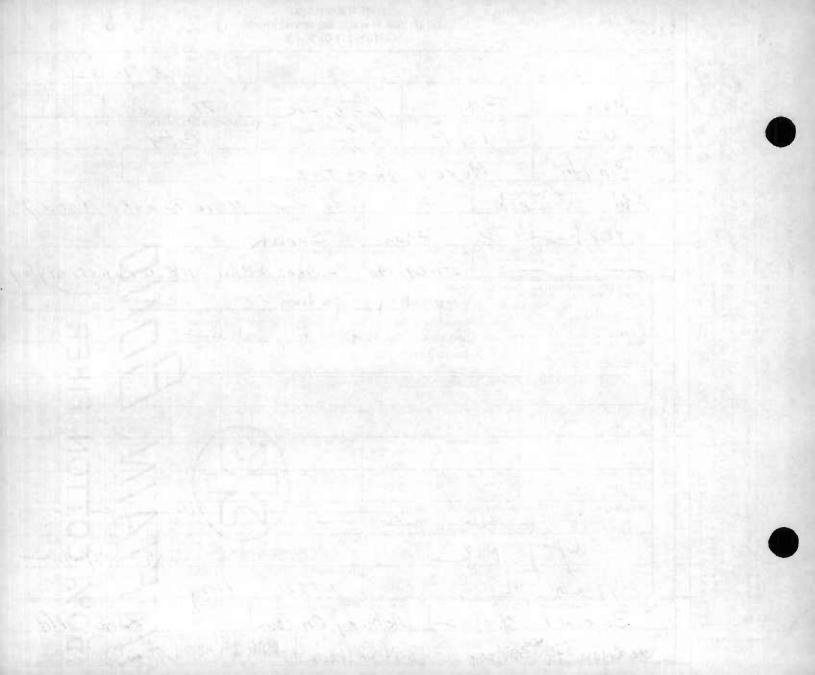
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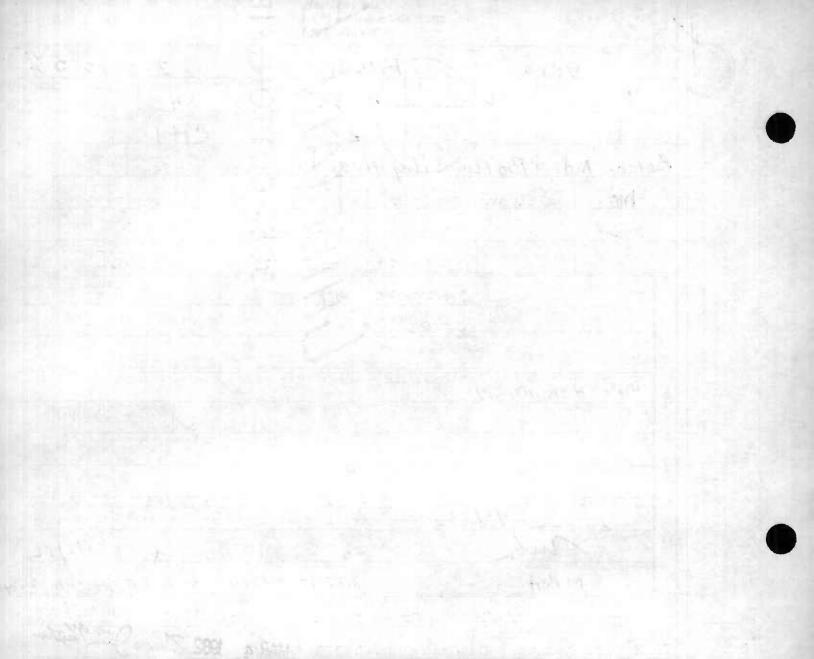
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	1.	FOR - STATE REGISTRAR		STATE OF MARYLAND NT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO	0615	1
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	3 SE	Male	BIK	S. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIR	THDAY) IF UNDER I YEAR WONTHS DAYS MOURS YRS.	24 HRS MIN.
170		RTHPLACE (STATE OF FOREIGN 76 COUNTRY)	CITIZEN OF WHAT COUNTRY?	MARRIED & NEVER MARRIED WIDOWED DIVORCED	9. BALTIMORE CITY O	R COUNTY OF DEATH	MD
37	10. C	Bp to	NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET AD)		12g. USUAL OCCUPATI (TYPE OF WORK FOR MOST O		ESS OR
filled in ould be	USU. 13a. S	AL RESIDENCE (STATE) STATE	ER INSTITUTION, GIVE RESIDENCE BEFORE AL		130 STREET ADDRESS	ulaski Hahu	JV.
Completely 1 and 2 sh	14. FA	THER'S NAME FIRST MIDE	DIE D. HAST	15 MOTHER'S MAIDEN NAME STREET		LAST	/
Pages 1		VAS DECEASED EVER IN U.S. ARMED YES, NO OR UNKNOWN) (IF YES, GIVE WA		17 NO. 17 INFORMANT 8341 PAIMER A	Blue 115	560 Pukski H	9 hw
signed by the attending physicion hen pleose remove corbon popers. to buriol, cremation, ar remavolliny, or other traumatic event, the	NO	PART I. DEATH WAS CAUSED BY IMMEDIATE COMMEDIATE COMMEDIATE COMMEDIATE COMMEDIATE COURSE (o), stoting the underlying couse lost.	DUE TO, OR AS A CONSEQUEN (b) Characa DUE TO, OR AS A CONSEQUEN (c)	failure bestructure lung	disease or con	APPROXIMATE INTE BETWEEN ONSET AND DITION GIVEN IN PART 110	VAL DEATH
hos been permit. I ene prior	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR WHICH O	PERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEAT YES \(\) NO \(\)	TH?
this certificate has the burial-transit per and Mental Hygiene ed or Item 18 shows	MEDICAL CER	2]g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF ETHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	21b. TIME OF INJURY HOUR A.M. MONTH DAY P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARR	19 211 LOCATION		RY IN ITEM 18 PART 1 OR PART 2)	STATE
for use os tl of Health a 21 is morke	V	WHILE NOT WHILE AT WORK 20a.1 certify that (1) (this hospital) sow the deceased alive on above, (1) (we) (did) (did not) vi	ottended the deceosed from	, 19	deoth occurred on the do	, 19 that the course stee	we) lost
ERAL DIREC e detached State Dept. ANT: If Item		226. SIGNATURE	02	DEGREE ATTENDING PHYSICIAN	MEDICAL STAF DIRECTOR PHYSIC		
should be det with the State IMPORTANT:		4EONG 0	H	220 ADDRESS MERCY	Hong		
- 4 / 5		BURIA!	3/13/82 236. NA	Abury Ch. Com	23d LOCATION	BAHO, HO	/ Ay
6 50M 1/81 A 15, 4)	24 F	VERNON R. B	Spiler 1348	No Calhoust	4R 15 1982	25b. REGISTRAR'S SIGNATURE	





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	1	1 -	FOR			DEPARTMEN		MARYLAN		IVGIEN	160		.,	4	6.	1
	5	1 - FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE, REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEAT							the street	DEC N	()	0 1	0	U		
			CEASED NAME	FIRST		WIDDLE		LAST	07.12.0		2a. DATE	REG. N	MONT	H DAY	YEAR	2b. HOUR
	H-ST	{TY	PE OR PRINT)	John		S.		Boardle	2// .	DR.	OF DEATH	ESTI- MATED	3	30	1982	13
	THE BE	3. SE	X I	4. RACE	5. DATE OF BIRTH	6. AC	SE (IN YEARS IF	UNDER 1 YR.	IF UNDER		2c. DATE		MONTH	H DAY	YEAR	2d HOUR
	(Market)		Male	Black	MONTH DAY		6 YRS.	DAYS DAYS	HOURS	MIN.	PRONOUN DE AD	NCED	3	30	1982	10:23 P M
	EST EST	26.8	IRTHPLACE (ST DREIGN COUNTRY)		76. CITIZEN OF WE	AT COUNTRY?		RRIED NE	VED MADD	DED [9 BALTIM	ORE CITY				
	常品の書		urcht	on, Md.		USA		OWED	DIVORC		Balt	imore	Cit	У,		MD.
	京都 日本	10. C	ITY OR TOWN	OF DEATH	11. NAME OF HOS	PITAL, NURSING		THER INSTITU	ITION		JAL OCCUI		YPE OF WOR		ND OF BU	SINESS
	367		Baltimo		Sina	i Hospit	al - Di	AC			41031 OF 440K	KING (IFE)				
5	ANN DAY DOUBLE COULD THE C		AL RESIDENCE	IF IN NURSING HOME C	OR OTHER INSTITUTION, GI	134 CITY OR T	E ADMISSION) OWN	13d. INSIDE C	CITY LIMITS?	13e STR	EET ADDRE	SS				
212	\$ \$ # 5#	2	Md.			Ba:TT	٠٥.	YES 📉	NO 🗆	370	7 Sec	quois		Ave.	•	
WD	A STAN	EN.	ATHER'S NAME FIRST		WIDDLE	LAST	11 04	15. MOTH	ER'S MAIDE	ENNAME	AA	IDDLE			LAST	
ORE	ARIA SAN		ohn	5.750.0111.0	С.	Board	,									
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RES.	EACH STAN			s, if any, which		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Jan 102 01									
×.	WINTA OR B	100	cause (a)	e to immediate stating the <u>under-</u>	DUE TO, OR	AS A CONSEQU	JENCE OF									
201	EXA EXA ON,	1	lying cau	se last.	(c)											
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST	O BE EXECUTED WITHIN 24 HO ENDING" IN PENCIL IN ITEM MEDICAL EXAMINER ALONG AS A BURIAL - TRANSIT FERM ALITH AND MENTAL HYGENE CREMATION, OR REMOVAL		PART 2 DINER SIG	INIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELATED TO	THE TERMINAL DIS	EASE OR CONDITIO	N GIVEN IN PA	ART 1 (a).						
Ö	ULD BE EXECTED TO THE PROPERTY OF THE PROPERTY	NO NO														
I B	P. F. B. E. S.	CERTIFICATION	19a. DATE OF	OPERATION	19b. CONDI	ION FOR WHIC	H OPERATION	WAS PERFOR	RMED?				-	20 /	AUTOPSY?	
VII.	SHOUL CHIEF CHIEF SE USED 1T OF HI														YES 🗌	№ (Х)
ŏ	CERTIFICATE SHO SITING THE WORD DED TO THE CHIE E 3 SHOULD BE US E DEPARTMENT OF		UNDERLYING	CAUSE WAS	21b. TIME OF HOUR A.M	MONTH DAY	YEAR 210	HOW INJURY	OCCURRE	ED (ENTER	NATURE OF IN.	JURY IN ITEM T	8 PART 1 OR	PART 2)		
O N	SART OF THE CONTROL O	MEDICAL	CONTRIBUTIN	NG CAUSE OF I		OF INJURY (AT	19	LOCATION								
NVIS	WRITIN WRITIN ARDED ARDED GE 3 S TIE DEF	MED	WHILE	NOT WHILE C		ORY, FARM, ETC.)	HOME, ZIT.	STREET			CITY OR TO	WN		COUNTY		STATE
	F > 5 4 7 2		AT WORK	AT WORK						D 40 4					-	
			22a I certif	y that I taak charg	e of the remains des	cribed abave, he	eld an Au	apsy .	Inspectio	ın XX	Inquiry	L c	and in my	apınian		
	EXAMINER: CERTIFICATION DE FOR DID BE FOR DIRECTOR: I, WITH THE		death resulte	ed fram: Natur	ral causes .	Accident	Suicide	, Hami	cide	Undet	ermined mo	anner				
	WAY VERNEY		ACTUAL	(duna)	w. a ~	0000			specify) sistar	n t			DAT	E	3-31-	82
	SE SE		SIGNATURE	- VV	may a	voca		M.D. /133	13141	MED	ICAL EXAM	AINER	SIGI	NED	2 21	02
	TO MEDICAL EXAM EXECUTE THE CERTIF PAGE 4 SHOULD BE TO FUNERAL DIREC AFTER DEATH, WITH	4	EXAMINER'S I	NAME VI	rginia L.	Dolan,	M.D.	ADDRESS_	1	III P	enn S	treet				
	PACT AFT AFT	23a. E		ION, REMOVAL 2			OF CEMETER		ORY	23d. LC	CATION			YTAUC		
1511	BP	1	Bur	'lal	1/3/82	WOOD	LAWN C			BA	CATION ORTOWN	, MD				ATE
1211	DHMH - 17	24. F	UNERAL DIREC	TOR	ADDRESS				250. DATE	REC'D. BY	REGISTRA	R 250 REC	GISTRARY	SIGMA	ARE LEAN	
	(VR A15 ME (5)) 15M 2/80	LE	ROY O.	DYFTT	& SON F		HOME	4600	AP	U T	JOL	To	01	Total State of	and the second	
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HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE

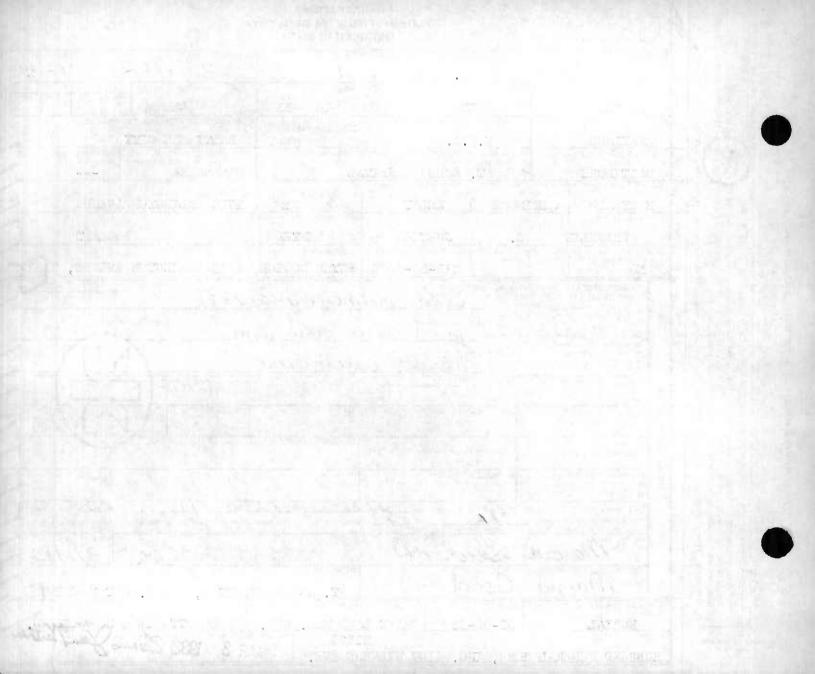
FOR

- STATE

(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE



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		REG. N	10.					
DA	ATE OF	DEATH	MONTH	DAY		YEAR	2b	Н

	- STATE REGISTRAR		DEFAR	CERTIF	ICATE OF D	EATH	0 "	EG. NO.	0 0) {	5 5		
	I. DECEASED NAME	FIRST M	IDDLE	i.	AST		20. DATE OF DEA		DAY	YEAR	2b HOUR	-	
	WILLIAM	JOSEPH		BOLFAT	7			3	12	82	9:20P	AA	
	I SEX	4 RACE		5 DATE C			6 AGE IN YEARS	AST BIRTHDAY)		DER 1 YEAR	IF UNDER 24 HRS	-	
	Male	White	е	MONTH 6	7	21.	60		MONTH	DATS	HOURS MIN.	_	
	BIRTHPLACE (STATE OR EOR	REIGN 76 CITIZEN OF W	VHAT COUNTRY	/? 8			9 BALTIMORE C		RS	EATH		-	
	Md.	U.S.A		MARRIE	NEVER M			. City		, LAIII			
4	10. CITY OR TOWN OF DEAT	H 11. NAME OF H	OSPITAL NURS	WIDOWE ING HOME C		ORCED X	120 USUAL OCC			F KIND O	F BUSINESS OF		
3	BALTIMORE	VAMC, LO	OCH RAV	EN BAL	ro. MD.		Seaman		ING LIEE) IN	ious TRY			
d	130 STATE	G HOME OR OTHER INSTITUTION C	13c. CITY OR TO	ORE AOMISSION)	113d INSIDE CI	TY LIAAITS?	13e. STREET ADDI	DECC		M	arines	_	
3	Md.		3\$22/\$			NO [Guildo	rd Av	re.			
	14 FATHER'S NAME		Balto	•	15. MOTHER'S		ME					-	
Ð	Christophe	WIDDIE	Bolf			oline	WIE	DOLE	Class	lovi			
i	160 WAS DECEASED EVER IN	The second secon	16b. SOCIAL SEC		17 INFORMAN		-	ADDRESS	SKO	TOAT	CK		
1		(IF YES, GIVE WAR OR OATES)				- 25							
	Yes	WWII	220-07		Pete	Bolfar						_	
	18 CAUSE OF DEATH PART I, DEATH WAS	18 CAUSE OF DEATH (Enter only one couse per fin for (a), (b), and (c). PART I. DEATH WAS CAUSED BY											
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	1629	1629 DUE TO, OR AS A CONSEQUENCE OF A											
		Conditions, if only, which ((b) METASTIC PROCARCINOMA OF											
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	underlying couse lost. DUE TO OR AS A CONSEQUENCE OF Underlying couse lost. DUE TO OR AS A CONSEQUENCE OF										2		
	PART 2 OTHER SIGNIE	ICANT CONDITIONS COL	NTRIBUTING TO	DEATH BUT	NOT RELATED	O THE TERM	INAL DISEASE OR	CONDITION	CIVENIN	DART I	T.	=	
	Z					O THE TERM	III VAL DISEASE OK	CONDINON	OlvEralla	P ART HO			
	190. DATE OF OPERATION 210. ACCIDENT WAS UNDER	ON 19b. CONDIT	ION FOR WHIC	H OPERATIO	N WAS PERFOR	MED	20g AUTOPSY	2 78b 1	F YES, WER	RE FINDIN	GSTISED	_	
	FIG							CAUSES	USES OF DEATH?				
Н	21g. ACCIDENT WAS UNDER	IVING ET 215 TIME OF	461 II I IDV		Tal. HOW BL	IDV O CCUR	YES NO		YES [NO [_	
	00.000,000,000,000,000	ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DA		DAY YEAR	ZIC HOW INJ	JRY OCCURR	RED (ENTER NATURE C	DE INJURY IN ITEA	A 18 PART I C	OR PART ?)			
	(IF EITHER NOTIFY MEDICAL			19									
	4 (IF EITHER NOTIFY MEDICAL 21d INJURY OCCURRED	(AT HOME STREE	F INJURY ET, FACTORY, OFFICE	FARM FIC)	211 LOCATION	1	CITY	ORTOWN	C	OUNTY	STATE		
	AT WORK NOT WHILE												
	220 I certify that % (th	his hospital) attended the	deceased from			19_82		7	19_8	,	hot X (we) los		
	sow the deceased	sow the deceased always $\sqrt{3-12}$ ond that in ($\sqrt{4}$) (our) opinion death occurred on the date and hour and from the causes stated above, (in (we)) and that in ($\sqrt{4}$) (our) opinion death occurred on the date and hour and from the causes stated											
	22b. S. Carturel	A A	-4/	5	DEGREE				X	20 DATES	SIGNED	_	
	0,	newse	In			TENDING HYSICIAN	MEDICAL DIRECTOR P	STAFF					
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	SYL	outer	Mi										
-	100 - 1 V	, ,	100	1			I.a.					_	
	23a BURIAL, CREMATION, RE			NAME OF CI	METERY OR CE	EMATORY	23d LOCATION		cou	NTY	STATE		
	Removal	3/14/	82									_	
	24 FUNERAL DIRECTOR					25a DATE	E DEC'D BY DECIS	TDADISCL DE	CICTRADIC	CICALMA	A)E		

DHMH-16 50M 1/81 (VRA 15, 4)

Anatomy Board

Balto., Md.

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	STATE OF M	ARYLAND	
DEPARTMENT	OF HEALTH	AND MENTAL H	YGIENE
CEI	DTICICATE	OF DEATH	

REG. NO 20 DATE OF DEATH MONTH 26 HOUR BOSANAC MARCH 03 1982 DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR MONTH 36

3 SEX 4 RACE Caucasian Male Dec. 14. 1945

In BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? Pennsylvania

FIRST

PAUL

U.S.A. CITY OR TOWN OF DEATH

MARRIED NEVER MARRIED WIDOWED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

BALTIMORE CITY Medical Doctor

13e. STREET ADDRESS

9 BALTIMORE CITY OR COUNTY OF DEATH

12b. KIND OF BUSINESS OR INDUSTRY

Pennsylvania Lehigh 14 FATHER'S NAME

Baltimore

CERTIFICATION

00

rked or

MPORTANT

- STATE REGISTRAR

TYPE OR PRINTS

DECEASED NAME

Allentown

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

3217 Highland St. YES | NO4 Josephine

13d INSIDE CITY LIANTS?

MIDDLE Crawford

Bosanac 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES)

16b. SOCIAL SECURITY NO

THE JOHNS HOPKINS HOSPITAL

17 INFORMANT Bosanac ~707 mad C+

<u>es</u> 1370	-1370 104-3079-72 3Z17 HT	ightana st. Attentionn, Ea.
PART I. DEATH WAS CAUSE	ECALISE IN COLAMBUSTICATION STANDA	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Conditions, if ony, which gove rise to immediate couse IoI, stating the underlying couse lost	DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF	Leukenia
PART 2 OTHER SIGNIFICANT	ONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	O THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1101

196. CONDITION FOR WHICH OPERATION WAS PERFORMED 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c HOW INJURY OCCURRED

P.M.

HOUR A.M. MONTH DAY YEAR

(EMTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

LIF EITHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED NOT WHILE

OR CONTRIBUTING CAUSE OF DEATH

22a.1 certify that (1) (this hospital)

21e. PLACE OF INJURY AT HOME. STREET, FACTORY, OFFICE, FARM, ETC.) CITY OF TOWN

COUNTY STATE

NO [

ottended the deceosed from (did not) view the body ofter death

ATTENDING PHYSICIAN 22e ADDRESS

211 LOCATION

MEDICAL DIRECTOR PHYSICIAN

and that in (my) four opinion death occurred on the date and hour and from the causes stated

20a AUTOPSY?

22c. DATE SAGNIA

206. IF YES, WERE FINDINGS USED

IN CERTIFYING CAUSES OF DEATH?

230 BURIAL, CREMATION, REMOVAL

23b. DATE 3-3-82 23c. NAME OF CEMETERY OR CREMATORY

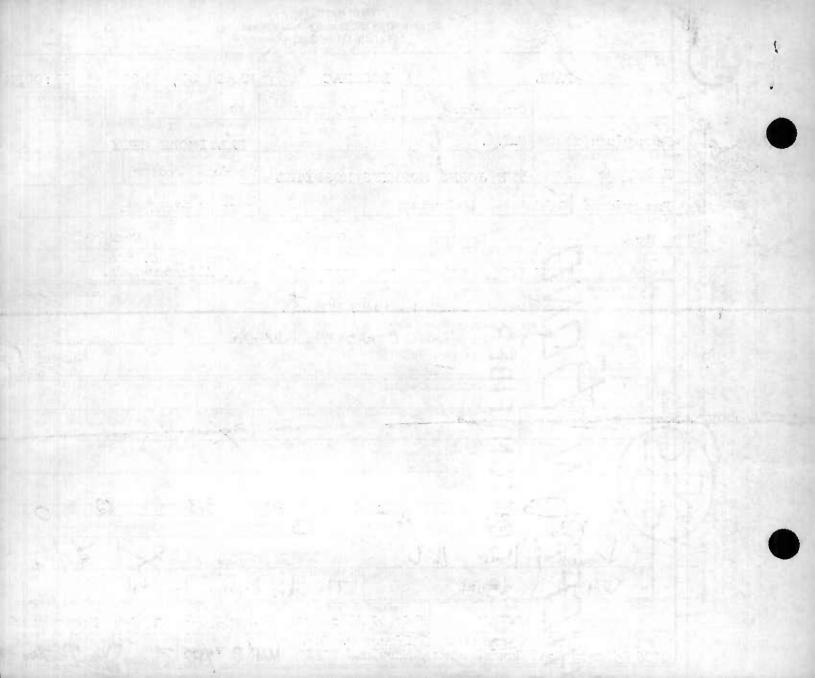
DEGREE

Lehigh Pennsy livania

(SPECHTY) Removal Ship to Allentown, Pa. Allentown Loring Byers Funeral Directors Inc. 250. DATE REC'D 8728 Liberty Road Randallstown, Maryland 21133

DHMH - 16 50M 1/81 (VRA 15, 4)

BP.



MPORTANT: If Hem 21 is marked or Hem 18 shows any injury, ar other traumatic event, the medical comminer must be lotified at that

/	(,	FOR	nated a		E OF MARYLAND BEALTH AND MENTAL HYG	IENE &	0 6	6 5
		REGISTRAR			ICATE OF DEATH	REG. N	o.	
		CEASED NAME BAYLO	ara E		Boshic	20 DATE OF DEATH	3 5	82 8 DM
	3. SE	F	White		v.18,1959	6 AGE (IN YEARS LAST BIR	YRS 3	DATE HOURS MIN.
17	Wa	ashington, D. C	. U.S.A.	DUNTRY? 8 MARRIE WIDOWE	D NEVER MARRIED	Baltimore city o		
38	Ba	altimore	Universi	NURSING HOME C BIVE STREET ADDRESS) Ty Hospi	tal	12d USUAL OCCUPATION OF WORK FOR MOST OF SECRETAL	ON F WORKING LIFE) IN	KIND OF BUSINESS OR DUSTRY
3	Ma	ryland red	erick Ty Mt.	OR TOWN Airy	13d. INSIDE CITY LIMITS? YES NO 🛣	131 54 J	esse Sm	ith Rd.
~~	14. FA	THER'S NAME FIRST	AIDDLE	LAST	15. MOTHER'S MAIDEN NAM	ΛE		
N		Robert M.	Bosti	C	Caroly	yn B.	Rohr	back
2		VAS DECEASED EVER IN U.S. ARA (es, no or unknown) (if yes, give		-82-9398	Robert M. I	Bostic, S		#13
		PART I. DEATH WAS CAUSED	y ane cause per line for (c B BY: E CAUSE (a)	plratory	anest			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		Conditions, if any, which gave rise to immediate cause (0), stating the underlying cause lost	DUE TO, OR AS A CO	lastatic	carcinoma	a of tong	ue_	lyr.
	NO	PART 2 OTHER SIGNIFICANT CO	onditions contribut		NOT RELATED TO THE TERMI	NAL DISEASE OR CON	DITION GIVEN IN	PART Ira
7	CERTIFICATION	190 DATE OF OPERATION		R WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WER IN CERTIFYING YES	RE FINDINGS USED CAUSES OF DEATH? NO
9		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MOI P.M.	NTH DAY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUI	Y IN ITEM 18 PART 1 O	RPART 2)
	MEDICAL	214 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJUR (AT HOME, STREET, FACTOR		211 LOCATION STREET	CITY OR TO	wn C	OUNTY STATE
		22a.1 certify that (1) (this hospital	al) ottended the decease	ed fram		, to		, that (I) (we) last
		saw the deceased alive on_ abave, (1) (we) (did) (did not)	view the bady alter dea	th. 19, or	nd that in (my) (aur) opinion d	leath accurred on the do	ite and hour and	Iram the causes stated
		22b. SIGNATURE	n. Buter	on nus	DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	FL	2c. DATE SIGNED
1		22d. PHYSICIA I NAME (TYPE OR	M Batho	n Mb	22e. ADDRESS	ospital		
		URIAL, CHMATION, REMOVAL SPECIFY) Lurial	3-9-1982		emetery or crematory ospect	23d. LOCATION CITY OR TOWN	Frede	rick, Md.

DHMH - 16 50M 1/B1 (VRA 15, 4) 24 FUNERAL DIRECTOR

Charles W.Burrier, Jr., Sýkesville, Md.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral directors should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 72 hours offined with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

MPORTANT: If Item 21 is morked or Item 18 shows ony injury, or other troumotic event, the

FOR

STATE OF MARYLAND

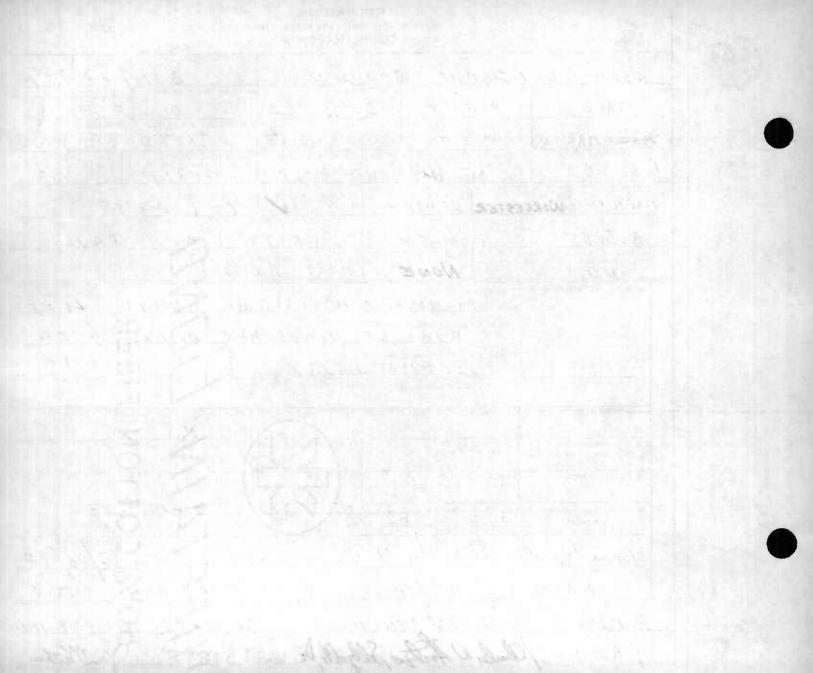
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1	REGISTRAR		CERTIF	ICATE OF DEATH	REG. N	0		
		ECEASED NAME FIRST	WIDDLE	l.	AST	20. DATE OF DEATH	MONTH DA	Y YEAR	2b HOUR
	1,11	ADAM BE	NJAMIN 1	30 a	DEN		1/10/	F2	755A.
	3. SE	X		5. DATE C	OF BIRTH	6. AGE IN YEARS LAST BIR	THOAY) IF	UNDER I YEAR	IF UNDER 24 HRS
		MALE	WHITE	MONTH 2	15 82	0	YRS.	0 24	HOURS MIN.
00	70. B	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8 MARRIE	NEVER MARRIED	9 BALTIMORE CITY	R COUNTY C	FDEATH	1752 2 2 2 2
27	3	BALL MARYCAM	N.7. N.	WIDOWE	D DIVORCED	BAL	70.	C 17	Y MD.
38	1	ALTO.		DDRESS)	D HOSP.	120. USUAL OCCUPAT (TYPE OF WORK FOR MOST O		126 KIND O INDUSTRY	FBUSINESS OR W/1:
3	130.	MARYLAND WOR	OTHER INSTITUTION GIVE RESIDENCE BEFORE A NTY 13L. CITY OR TOWN CESTER NEWAR	1	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	Box	57	
230	14 F	ALBERT	MIDDLE BOWDEN	/	15 MOTHER'S MAIDEN NAM	MIDDLE		DA I	21
medicol 2		WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) I IF YES, GIV	MED FORCES? 166 SOCIAL SECUR E WAR OR DATES)		HOSP. R	ECORP	SS		
injury, or other troumotic event, th	NOI	Conditions, if ony, which gove rise to immediate couse (0), stoling the underlying couse lost.	In one couse per line for (0), (b), and D BY: TE CAUSE (0) PULMONI DUE TO, OR AS A CONSEQUEN (b) HYAL DUE TO, OR AS A CONSEQUEN (c) PREM CONDITIONS CONTRIBUTING TO DE	ARY NCE OF NCE OF AT I	IRITY	INE DIS	IPHYS.	L1	MATE INTERVAL INSET AND DEATH FE FE
Sows only	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH C	PERATION	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, V IN CERTIFYIN YES {	VERE FINDIN	GS USED OF DEATH?
Item 18 st	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER		YEAR	21c. HOW INJURY OCCURRI	ED (ENTER NATURE OF INJUI	RY IN ITEM 18. PART	FOR PART 2)	
orked or	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FAR	RM ETC)	211. LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
m 21 is m		22a. I certify that (I) (this hospit sow the deceased alive an above, (I) (we) (did) (did not 22b. SIGNATURE	rol) ottended the deceosed from 19		d that in (my) (our) opinion d	eoth occurred on the do	ote and hour o	nd from the c	hot (I) (we) lost ouses stoted
ANT. If Ite		22d. PHYSICIAN'S NAME LITYPE O	zutbeld,	M.	ATTENDING PHYSICIAN	MEDICAL STAF		3/10	o/FZ
MPORTA		RONALD	L. QUTBO		U. OF	MARYO	AND	H	W.P.
	(BURIAL, CREMATION, REMOVAL (SPECIFY) BUCIAL UNERAL DIRECTOR	3-12-1982 WE	SIN .	HOPE	23d LOCATION CITY OR TOWN WITCHER	DS un	CCEST	ER MO
/81	47 F	HASTINGS	Charles W. Hasty	a Sel	Brillo De MAR	REC'D. BY REGISTRAR	A PROPERTY OF	R'S SIGNATU	Varthen_

DHMH - 16 50M 1/81 (VRA 15, 4)

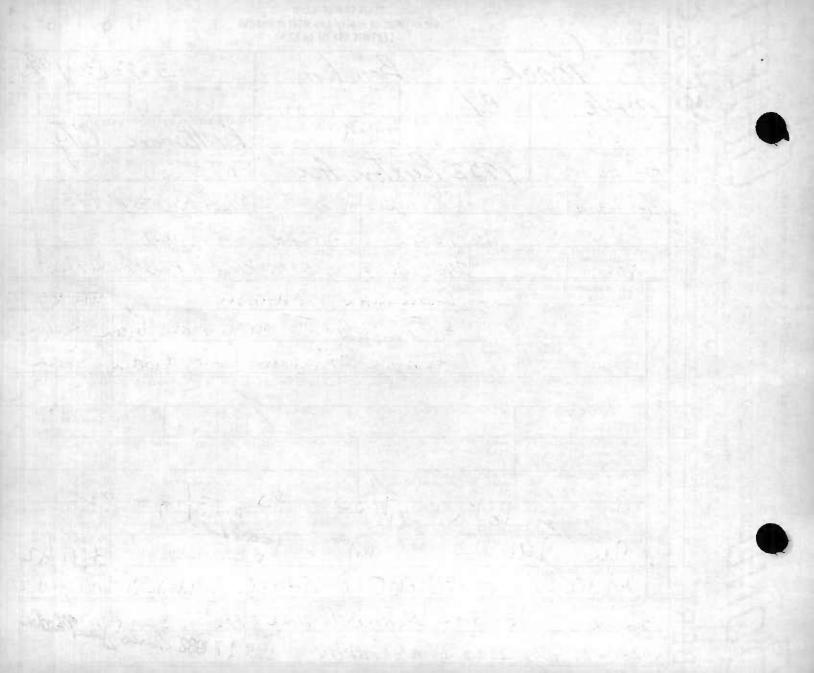
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etoined by the hospital or ottending physicion.



10	1.	FOR STATE REGISTRAR	CERTIFICATE OF DEATH REG. NO.	6 1 6 /
1 24		CEASED NAME FIRST	Republic Bounder 20. DATE OF DEATH MONTH DAY 3-9-	YEAR 26. HOUR
(MA)	3. SE	nale		INDER I YEAR IF UNDER 24 HRS
10 TO		RTHPLACE , (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED DIVORCED DIVORCED	DEATH, + MD.
201 ins often a by the filed with	10 C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (EXPERT WORK FOR MOST OF WORKING LIFE)	126. KIND OF BUSINESS OR
filled in ould be	13a, S		ROTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	AUF
completely fond 2 sh	14 F/	THER'S NAME FIRST	MIDDLE BALDEN SPRAH BOUDEN	LAST
TIMORE,		VAS DECEASED EVER IN U.S. AF EES, NO OR UNKNOWN) (IF YES, GIV	RMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS EWAR OR DATES) 240 010609 MRS VEFFILE BOWDEN 1723 Reix	ON AUX
ST., 8AL ertificate ng physicis bon poper: removal.		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIA	nly ane cause per line factor), b), and (c) ID BY: TE CAUSE (a) AVD (AC MOST	BETWEEN ON AT AND DE ATH
PRESTON ne death ce smove carb motion, ar r r troumatic		Conditions, if ony, which gave rise to immediate	DUE TO, OR AS A CONSTOURNCE OF COMME CARDIOVACION draw	2 Seen
that the that the cose re of, cree		couse (a), stating the underlying cause last.	DUE TO, OR AS ISONSEOUENCE OF COSTRUCTIVE lung Chana	yan
	TION		CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN	
TAI RECOI	CERTIFICATION	190 DATE OF OPERATION	YES NO YES	
N OF VI	MEDICAL CE	210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE	P.M. 19	ORPART 2)
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by the ho by the ho ERAL DIRE e detoched Stote Depti		22b. SIGNATURE A	DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN	3 A EV
O HOSPITAL TO FUNERAL should be det with the Store		220 PHYSICIAN'S NAME (TYPE OF MAN CE MA	TO F. PERVERUE AND 1840 W. BALPOUNUSS	BALTO, Ind 23
1503 BP	T.	URIAL, CREMATION, REMOVAL PECIFY) DLIQIAL	3-13-82 ARRITUS MEMITHER PROJUTUS BALTO	& Mother
DHMH - 16 50M 7/77 (VR A 15 (4))	24. FL	NERAL DIRECTOR NAME OSEPIA L. RUS	G 2122 SI NORZHIAU - NAR 17 1982	THE PARTY OF THE P

STATE OF MARYLAND



STATE OF MARYLAND

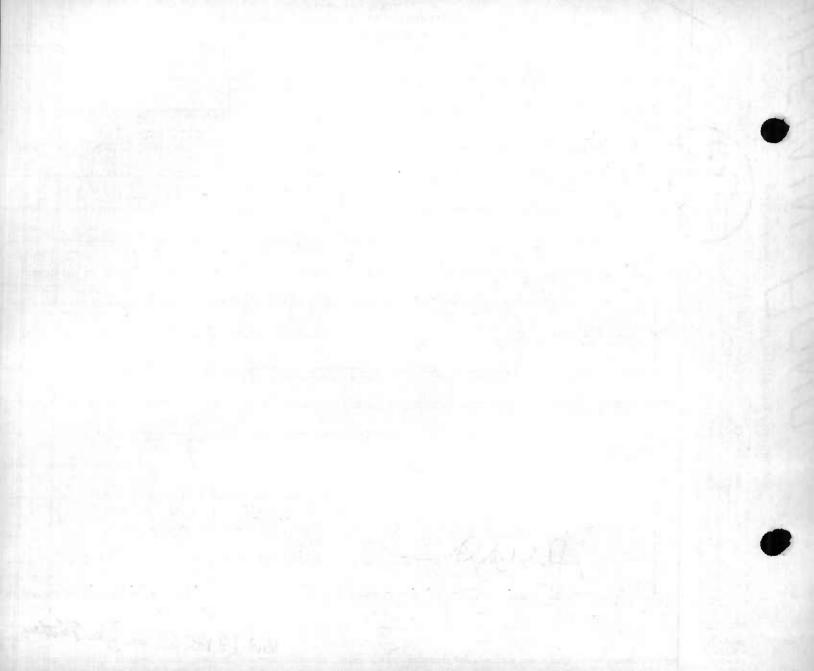
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

(VRA 15, 4)

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X	X	1 - FOR STATE REGISTRAR			S DEPARTMENT O DICAL EXAM	FHEALTH		ITAL HYGIEN	Qu at	0 (5 1 5	9
	0	I. DECEASED NA	ME FIRST		WIDDIE		LAST		20 DATE KNOWN	MONTH	H DAY YEAR	2b. HOUR
₩ ∞	RS.	(TYPE OR PRINT)	NAPO	LEON	J.	BF	RACKEN		OF ESTI- DEATH MATED	<u> </u>	17 19 82	. AA
ECTO	5 FOR YOUR FILES. WITHIN 72 HOURS PRE TON STREET,	3. SEX	4. RACE	5. DATE OF BIRTH	YEAR 13 68	YEARS IF UN		UNDER 24 HRS.	20. DATE PRONOUNCED	MONTH		14 110011
DIR,	825 825	male	negro			YRS.			DEAD	3	17 1982	2р м
ZERA ZERA	SE ST	7a. BIRTHPLACE FOREIGN COUNTR	.C.	75. CITIZEN OF WE	SA	8. MARR	ED NEVER	R MARRIED	Baltimore cit	_		
A IS NE	6.5	10. CITY OR TOW		11. NAME OF HOS	PITAL, NURSING HO	ME, OR OTH		N 12a US	UAL OCCUPATION MOST OF WORKING LIFE)			USINESS TRY
DEA	A HE DO		imore	2835 Ca	arver Rd.							
21201 ANY D	PM 3. RETAIN PARTS SHOULD BE WITH PECORDS	13a. STATE	13b COUN	OR OTHER INSTITUTION, GR	13c CITY OR TOW	N	13d. INSIDE CITY L	LIMITS? 13e. STE	REET ADDRESS	zos D	a	
MD. 21 H. IF A I, 2, AI	SHO	M 14. FATHER'S NA/			Baltim	ore				ver R	α.	
RE, AM	JOE SP	FIRST	NE .	WIDDLE	LAST			nnie	MIDDLE		Bracker	n
BALTIMORE, S AFTER DEA GIVE PAGES	WITH FORM PM.	160. WAS DECEAS LYES, NO, OR UNK	ED ÉVER IN U.S. AR	MED FORCES? WAR OR DATES}	16b. SOCIAL SECU		Evely Tadir	n A. E	Bracken :	2835 0 E.	Carver North	
ON ST., B. 24 HOURS ITEM 18. G	AG WIT RMIT. P. NE, DIV	18 CAUSE PARTII	SEATH WALAC CALLER	nly one couse per line D BY: TE CAUSE (a) HY		card					APPROXIMA BETWEEN ONS	TE INTERVAL
ESTON IN 24	R ALON USIT PEI HYGIE	40 Candit	ions, if any, which	DUE TO, OR	AS A CONSEQUEN							Thu.
RDS, 201 W. PRESTON ST., EXECUTED WITHIN 24 HOUR	ICAL EXAMINER ALONG WIT A BURIAL - TRANSIT PERMIT. P H AND MENTAL HYGIENE, DIN MATION, OR REMOVAL.	gave	rise to immediate (a) stating the <u>under</u> ause last.	(b)	as a consequen	CE OF						
8 89	SES		SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE	FERMINAL DISEAS	E DR CONDITION GI	EVEN IN PART 1 (a).				
ATAL RESHOULD	THE CHIEF A MID BE USED A MENT OF HE TO BURIAL, O	19a. DATE O	OF OPERATION	196 CONDI	TION FOR WHICH O	PERATION W	'AS PERFORME	D?			20 AUTOPS	2.0
N S E S	MENT OF BE	210. EXTER	VAL CAUSE WAS	216 TIME OF			OW INJURY O	CCURRED (ENTER	NATURE OF INJURY IN ITE	M 18 PART 1 OR		110
DNO FICA	SHOULD BE CENTRICK TO BUS PRIOR TO BUS		NG OR TING CAUSE OF			EAR						
= 3	NA GAR	UNDERLYII CONTRIBU 21d INJURY WHILE AT WORK	OCCURRED NOT WHILE AT WORK		DF INJURY (AT HOM FORY, FARM, ETC.)		CATION		CITY OR TOWN	C	COUNTY	STATE
NER: T	TO FUNERAL DIRECTOR: PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE STANDARD AND T		,	ge of the remains des			•	nspection X.	Inquiry .	ond in my	opinion	
EXAM	DIRECTOR WITH	ACTUAL	ulted fram: Note	ral causes XI,	Accident .	Suicide	, Homicide	CIFY)	termined manner L		. 7 10 /	00
3	SHOU SHOU SHOU SHOU SHOU SHOU SHOU SHOU	SIGNATUR	* /() \	MONX	1	^	Assis	stant MED	DICAL EXAMINER	DAT	3-18-8	32
O WED	ALTER D	EXAMINER (TYPE OR P	RINT)AT	nn M. Diko			ADDRESS		n St., Ba	lto.,	Md. 212	201
¥~ DD	1	(SPECIFY)	ation, REMOVAL Surial	3/20/82			emeter		Salltimor	e	DUNTY	MD
2562	HMH - 17	24. FUNERAL DIR	ECTOR March	TO /TT ADDRESS	01 E. No	n+h i	250	MAR 1	Y REGISTRAR 24	LICE	Many lev	jusi
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Ruck Towson Funeral Home, Inc. Towson, Md. 21204MAR 5

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

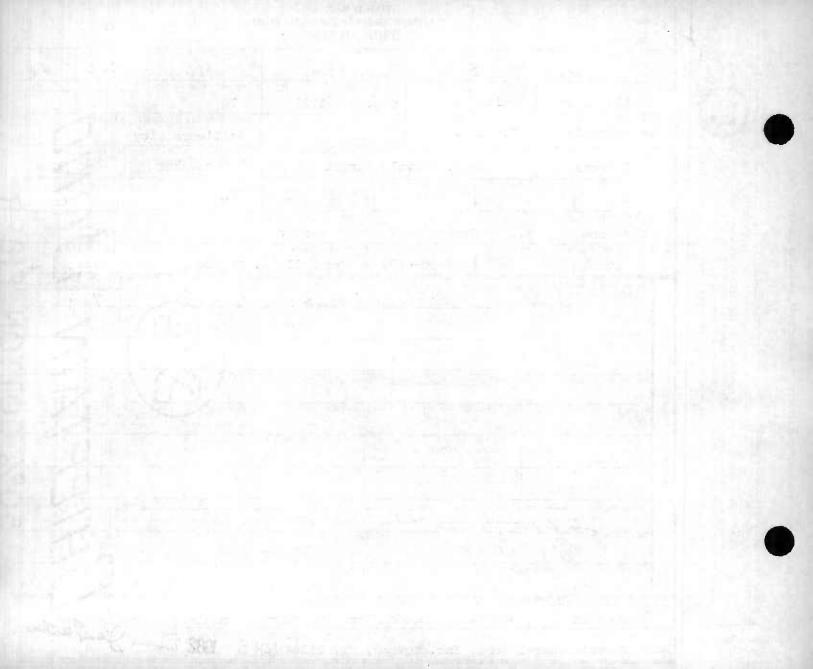
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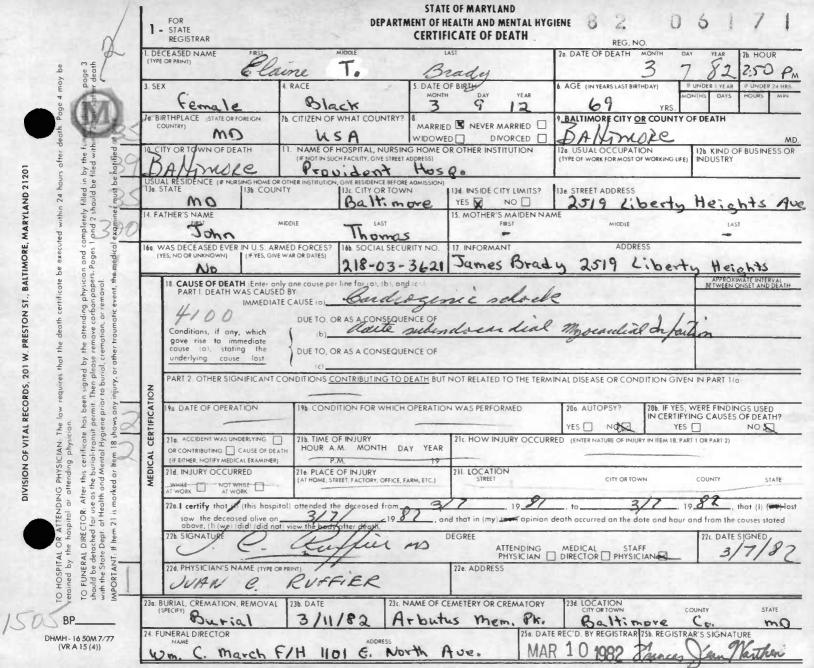
24. FUNERAL DIRECTOR

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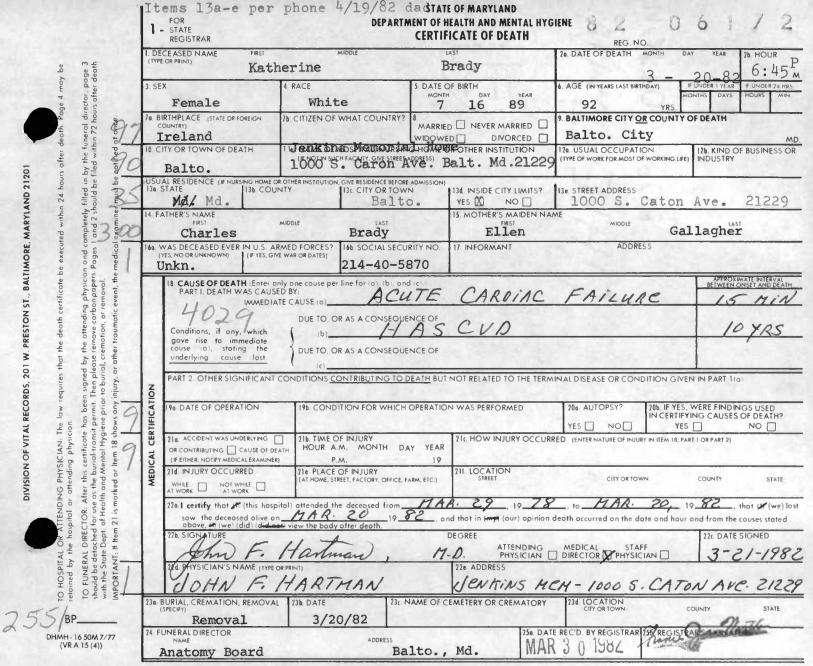
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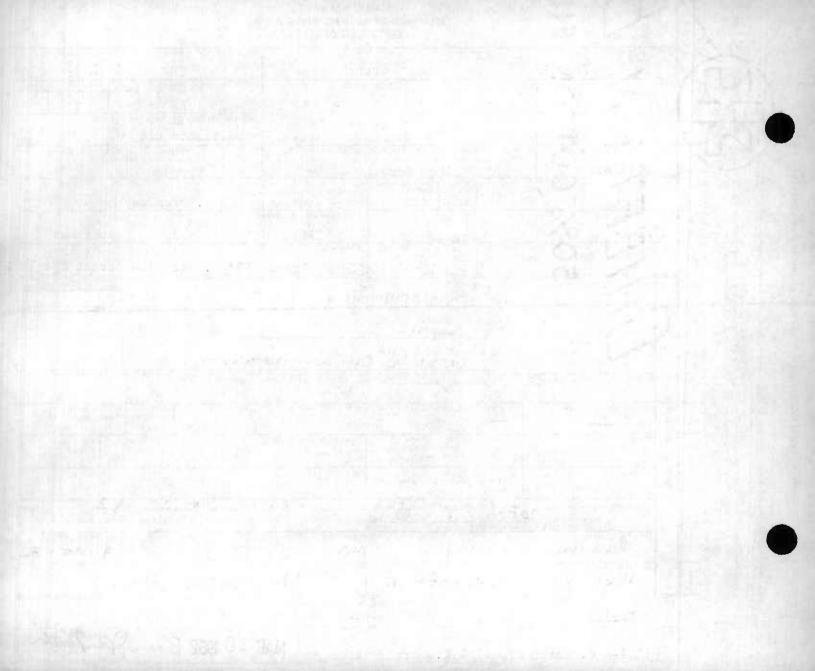


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STATE OF MARYLAND



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Alan Seitz, Funeral Home 3818 Roland Ave.

(VRA 15, 4) 7/78

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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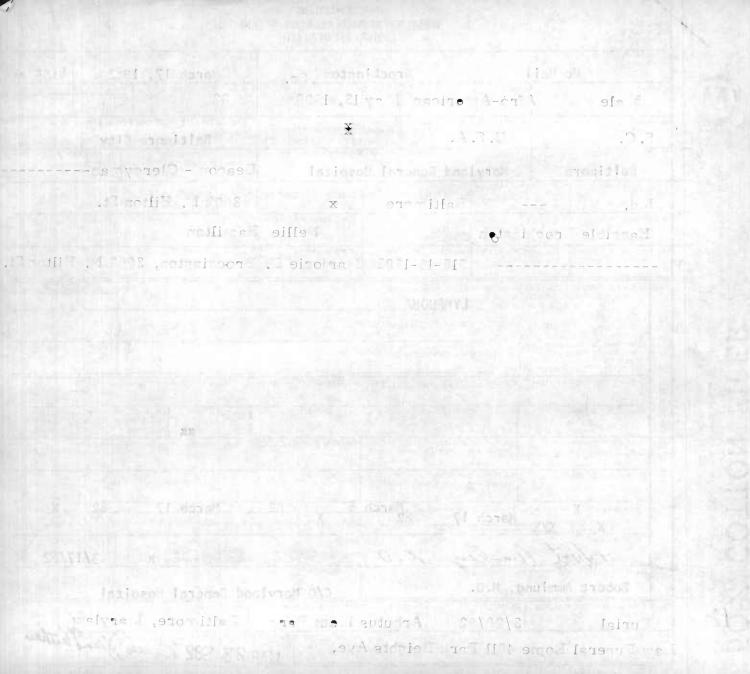
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OR TATE EGISTRAR		STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH				
ASED NAME	FIRST	WIDDLE	LAST	2a. C	ATE C	

aw Funeral Home 4611 Park Heights Ave.

		REGISTRAR			CERTII	TICALE OF DEATH	REG. N	10.		
		CEASED NAME FIRST		MIDDLE		LAST	20. DATE OF DEATH	MONTH	DAY YEAR	2b HOUR
	(IYP)	Mc Nei	1		Brocki	ngton Sr.	March	17, 1	1982	4:55 an
	3. SE		Afro-Ar	nerica	5 DATE	OF BIRTH +13, 01/899 YEAR	6. AGE (IN YEARS LAST BIF	RTHDAY)	MONTHS DAYS	IF UNDER 24 HRS
7		IRTHPLACE (STATE OF FOREIGN COUNTRY) S. C.	76 CITIZEN OF		TRY? 8 MARRIE WIDOW	D NEVER MARRIED DIVORCED	9. BALTIMORE CITY C			MD.
8		Baltimore	Mary	land Ge	eneral H	OR OTHER INSTITUTION	Deacon -	10N	12b. KIND (OF BUSINESS OR
3	13a S	AL RESIDENCE (IF NURSING HOME O STATE 136 COU		Baltir	TOWN	13d. INSIDE CITY LIMITS? YES MO	3002 N	Hilto	on St.	
0		Hannible Broc		LAST			Hamilton		LA	ST
		NAS DECEASED EVER IN U.S. AI YES NO OR UNKNOWN) (IF YES, G	MED FORCES?		1292 -1292	Marjorie D.	Brockingto		002 N.	Hilton St
	NO	Conditions, if ony, which gove rise to immediate couse (o), stoffing the underlying couse lost PART 2 OTHER SIGNIFICANT	(b)	r as a conse r as a conse	EQUENCE OF	NOT RELATED TO THE TERM	ninal disease or con	DITION GI	IVEN IN PART 1	01
2	CERTIFICATION	190 DATE OF OPERATION	19b. COND	ITION FOR WE	HICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	IN CERTI	S, WERE FINDI	NGS USED 5 OF DEATH?
7	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIFETHER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMINE AT WORK AT WORK	P. PLACE	M. MONTH M.	DAY YEAR 19 FICE, FARM, ETC.)	211. HOW INJURY OCCURE 211. LOCATION STREET		RY IN ITEM 18		STATE
		27a t certify that X (this hosp sow the deceosed olive or obove, W (we) (did) (2000) 27b. SIGNATURE			9 82 , 01	nd that in (my) (our) opinion of			19 82, our and from the	
		22d. PHYSICIAN'S NAME (TYPE	(Smull	my.	1,0	ATTENDING PHYSICIAN [MEDICAL STAI DIRECTOR PHYSIC		3/1	17/82
		Robert Ammlu					and General	Hosn	oital	
	- (Burial, Cremation, Removal (Specify) Burial	3/29/			s Mem Park	Baltimo	re, N	Marylan	nd STATE

DHMH- 16 50M 1/81 (VRA 15, 4)



Filicott City MD 21043

- STATE

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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CERTIFICATION

MEDICAL

IMPORTANT

STATE OF MARYLAND DEPARTA

AENT	OF	HEALTH	AND	MENTAL	HYGIENE	
CEI	RTI	FICATE	OF	DEATH		

- STATE REGISTRAR			CERTIFICATE OF DEATH	REG. NO.		
I. DECEASED NAME	CALE	B CORRINE	BROOKS	MARCH 11,	1982	26 HOUR 4:55
3. SEX Female		4. RACE Black	5. DATE OF BIRTH APPY 1 6, DAY 1930 AR	6 AGE (IN YEARS LAST BIRTHDAY) 51	MONTHS DAYS	IF UNDER 24 HR
NO. BIRTHPLACE (STATE OR FOREIGN NO. TRY) Carolina		76 CITIZEN OF WHAT COUNTRY?	* MARRIED NEVER MARRIED XX WIDOWED DIVORCED	Baltimore C		
		NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION		12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK IN		E BUSINESS C

130 STATE	13b COUNTY	Batttimore		13e. 2706 ADERESS Feder	al Street
Maior	Brooks	LAST	Odel'ia Lav		LAST

ADDRESS 16a WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Odělia Brooks 2706 E. Federal St. 242-86-0720

IMMEDIALE	one couse per line for (a), (b), and (c) BY: CARDIAC ARREST CAUSE (a)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Conditions, if ony, which	DUE TO, OR AS ACONSEQUENCE OF CARCINOMA (PRIMARY UNKNOW	N)
gove rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSEQUENCE OF	

CHRONIC SEIZURE DISORDER; CHRONIC MICROCYTIC ANEMIA

DATE OF OPERATION	196. CONDITION FOR WHICH OPERATIO	200 AUTOPSY?	20b. IF YES, WERE FINDIN IN CERTIFYING CAUSES YES [OF DEATH?	
(I E EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c. HOW INJURY OCCURRE	D (ENTER NATURE OF INJU	RY IN ITEM 18 PART 1 OR PART 2)	
MHILE NOT WHILE	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR IC	OWN COUNTY	STATE

sow the deceased olive on MARCH 11, obove, (I) we did (did not) view the body often death opinion death occurred on the date and hour and from the causes stated

DEGREE MEDICAL

226. PHYSICIAN'S NAME (TYPE OR PRINT) V. SIVAN, M.D.

23b. DATE MD

24 FUNERAL DIRECTOR

16,1982

Arbutus Mem. Park 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

CITY OR TOWN

Wm C. Brown Comm. Fun Hm. 1206-08 W. North

Burial(Entomb

COUNTY

STATE

DHMH - 16 50M 1/81 (VRA 15, 4)

Figure . Title . The Maria due the little and early and a second nemed siTabil DATE OF SECURE TO THE PARTY OF the superior of School and School

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME 20 DATE OF DEATH 2h HOUR (TYPE OR PRINT) 9 1982 3 Brooks John L. 3. SEX 4 RACE DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HR MONTH YEAR black male 15 03 78 7a. BIRTHPLACE I STATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY Baltimore city WIDOWED DIVORCED ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Baltimore 2027 N. Payson Street JOUAL RESIDENCE (IF NURSING HO OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 13e STREET ADDRESS 2225 Penrose St. COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? Baltimore Md 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE James Brooks Hattie Mills 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES, MORUNKNOWN) I (IF YES, GIVE WAR OR DATES) 213-07-406\$ Pricilla Brooks 2225 Penrose St. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per June for (a), (b), and (c PART I. DEATH WAS CAUSED BY: ARTERIOSCLE ROSI IMMEDIATE CAUSE (a incliding Corman orters d DUE TO OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause fast CONTRIBUTING TO DEATH BUT NOT BELATED TO THE TERMINAL DISEASE OR CONDITION, GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION IN CERTIFYING CAUSES YES I ACCIDENT WAS UNDERLYING INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18. PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21e PLACE OF INJURY 21f LOCATION (AT HOME STREET, FACTORY, OFFICE, FARM ETC.) CITY OF TOWN COUNTY STATE WHILE TO NOT WHILE 22s.1 certify that III (this hospital) attended the decoased from the deceased and that in (my) (our) opinion death occurred on the date and hour and from the causes stated DEGREE 22c DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 230 BURIAL CREMATION REMOVAL 23h DATE 231 NAME OF CEMETERY OR CREMATORY 23d LOCATION (SPECIFY) Burial COUNTY 3/14/82

BP_____ DHMH - 16 50M 1/81 (VRA 15, 4)

should be with the S

24 FUNERAL DIRECTOR

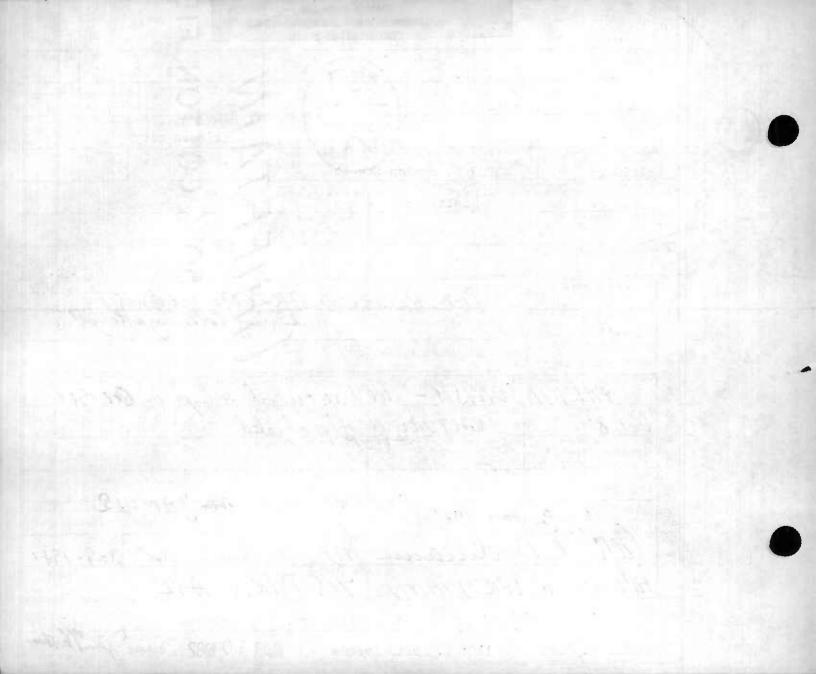
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William C. March F/H 1101 E. North Avenue

Ayden City Cem. Ayden N

250 DATE REC'D. BY REGISTRAR 251 BY GISTRAR'S JONAL

North Avenue MAR 10 1982



1101 E. NORTH AVENUE

WM. C. MARCH F/H

STATE OF MARYLAND

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			CEASED NAME FIRST	MIDDL	.E	LAST	20	REG. NO.	DAY YEAR	26 HOUR
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ertor, p	1	1 SE)	Female	4 RACE Blace		5. DATE OF BIRTH 3/14/82 DAY 1:		GE (IN YEARS LAST BIRTHDAY) YR	MONTHS DAYS	IF UNDER 2
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	31		Balto		PITAL, NURSING	HOME OR OTHER INSTI		USUAL OCCUPATION E OF WORK FOR MOST OF WORKIN	12b KIND O INDUSTRY	F BUSINES
and by and	35	USUA 13a S	AL RESIDENCE (IF NURSING NOME OF	OR OTHER INSTITUTION, GIVE	CITY OR TOWN		Y LIMITS? 13e.	street address 02 Stevens	Circle	210
ond 2 ch	20	H FA	THER'S NAME	MIDDLE	LAST	15 MOTHER'S	MAIDEN NAME EZ Brown	WIDDLE	LAS	T
Poges 1 :	2		VAS DECEASED EVER IN U.S. A	RMED FORCES? 16b	SOCIAL SECUR	ITY NO. 17 INFORMAN	ĬŢ	ADDRESS		
2 2 2 8			cause (a), stating the) DUE TO, OR AS	A CONSEQUEN	ICF OF -				
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sythicate has been ugned by otherwise Then please nited Hygnene parter to be burnel, as them 18 shows any injury, or other	9	CAL CERTIFICATION	PART 2 OTHER SIGNIFICANT	19b. CONDITION 21b. TIME OF IN HOUR A.M.	N FORWHICH	EATH BUT NOT RELATED TO PERATION WAS PERFOR	MED 21	Da AUTOPSY? 20b. IF	YES, WERE FINDIN RTIFYING CAUSES YES []	IGS USED
ter this certificate has been ugued by at the burdi-trainit permit. Then please is and Mentiol Hygienin prior to burid, and Mentiol Hygienin prior to burid, and sheen 18 shown any Injury, or other the confidence of them.	999	MEDICAL CERTIFICATION	PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED	21b. TIME OF IN HOUR A.M. 21c. PLACE OF II	JURY MONTH DAY	YEAR 21c. HOW INJ	MED 21 Y URY OCCURRED	00 AUTOPSY? 20b. IF IN CEI	YES, WERE FINDIN RTIFYING CAUSES YES []	IGS USED OF DEATH NO
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The hospital or attending ph ALDRECTOR After this certifi- feroched for use or the burioliti- ate Dept. of Health and Mental T. If New, 211s marked or Rem.	7	-	PART 2 OTHER SIGNIFICANT 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (HE ETHER, NOTHER MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 220 L certify that (1) (this has	19b. CONDITION 19b. TIME OF IN EATH HOUR A.M. R) P.M. 21e. PLACE OF II (AT HOME, STREET, F	N FOR WHICHE JURY MONTH DAY NJURY ACCORY, OFFICE FAI	YEAR 19 21t. HOW INJ. STREET 21t. and that in (my) (expected to the control of th	MED 2 Y URY OCCURRED N 19 8 2 , aur) apinian death	DO AUTOPSY? 20b. IF IN CEI ES NO EENTER NATURE OF INJURY IN ITEM	YES, WERE FINDING THEYING CAUSES YES [] 18, PART 1 OR PART 2) COUNTY	STA
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1	1. DE	CEASED NAME	FIRST		MIDDLE	1	LAST /		20 DATE OF DEATH		DAY YEAR	Ta HODR/-
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28	13e S	AL RESIDENCE (IF NURS	13b COUP	OTHER INSTITUTION NTY	13c CITY OR TO	EFORE ADMISSION	\$134 INSIDE	CITY LIMITS?	13e STREET ADDRESS			
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	14 FA	THER'S NAME					15 MOTHER	S MAIDEN NAM				
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1	_	VAS DECEASED EVER	IN U.S. AR	MED FORCES?	166 SOCIAL SI	ECURITY NO	17 INFORM		ADDR	ESS		
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	-	1//0			210-10	-4011	I BOLL	- DI GC	011 2023 1	• De1		
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9	S.	19a DATE OF OPERAT	ION	IN COND	ITION FOR WH	ICH OPERATIO	ON WAS PERF	OKWED	200 AUTOPSY?			S OF DEATH?
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a	9	210. ACCIDENT WAS UND	_	216. TIME C		DAY YEAR		NJURY OCCURR	ED JENTER NATURE OF INJU	RY IN ITEM 18, PA	ART 1 OR PART 2)	
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	ž	WHILE NOT WE AT WO	OLE	(AT HOME, ST	REET, FACTORY, OFFI	ICE, FARM, ETC.)	STREET		CITY OR TO	VN	COUNTY	STATE
		22a. certify that (I)		tal) attached th	a dassas d for	- 10	/	10	10 Folg	~	10 8 /	show the form house
		sow the decease			e deceased ira		and that in Imy) (our) opinion o	death occurred on the d	ate and hour	and from the	, that (I) (we) lost
		above, (I) (we) (a	lid) (did no	t) view the bady	after death.			7 (00.1 0)		510 0110 11001	100	
		226. SIGNATURE	A	10	11 -	ml	DEGREE	ATTENDING	MEDICAL _ STA	/	22c DATI	ESIGNED
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		224 PHYSICIAN'S NA	ME (TYPE O	R PRINT)			22e ADDRE	55		1	10	4.1
		#/E	CTO	RK.	10661	SUN P	20.	5104	1000	Vow 1	(D) 7/	H Mac
	23a. F	SURIAL CREMATION.	REMOVAL	23b. DATE			CEMETERY OR	CREMATORY	123d. LOCATION			
	(SPECIFY)							CITY OR TOWN		COUNTY	STATE
		Buria		3/9/	82	Mt Zi	on Ceme	tery	Baltimore	5	0	or the

DHMH-16 25M (VRA 15, 4) 1/79

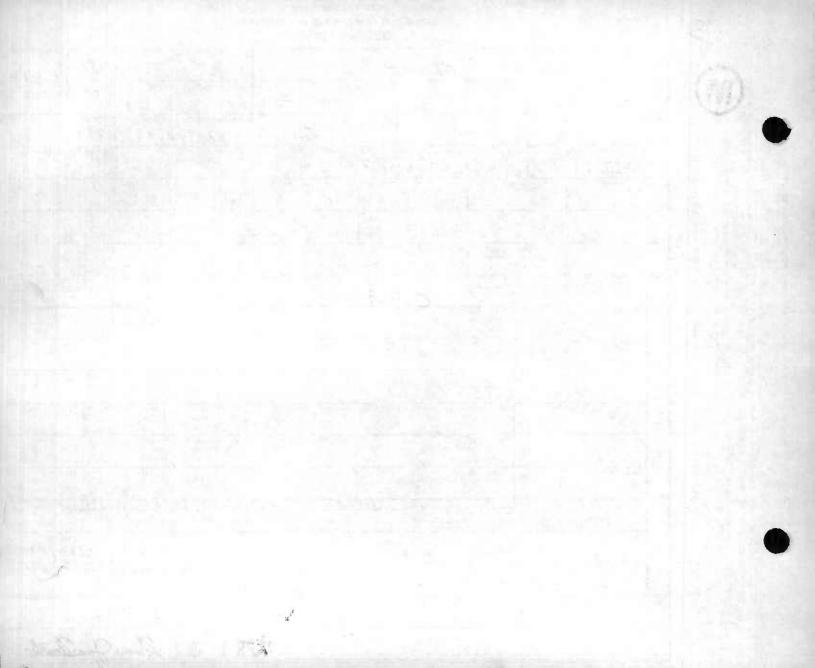
TO FUNERAL DIRECTOR: After this certificate has b should be detached for use as the burial-transit permit, with the State Dept. of Health and Mental Hygiene pri

William C. March F/H 1101 E. North Avenue

75. DATE REC'D. BY REGISTRAR PLANEGISTRA SIN MAI

I somethat

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 2a. DATE OF DEATH MONTH 26 HOUR (TYPE OR PRINT) DAVID BROWN 0 3 SEX 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR MONTH Male Black 20 19 62 JE BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH COUNTRY) MARRIED NEVER MARRIED CITY (MORE MD DIVORCED [10 CITY OR TOWN OF DEATH 1). NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY MARYLAND 2120 ASUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13h COUNTY 13c CITY OR TOWN 13e STREET ADDRESS 13d. INSIDE CITY LIMITS? 1140 N. Stockton St Baltimore YES X MD 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST FIRST MIDDLE LAST Wesley Brown Harriett Murray BALTIMORE, 16g WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 2-14-4450 Viola M. Brown 1140 N. Stockton St No 18 CAUSE OF DEATH Enter only one cause per line for ia, ib BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY PRESTON ST. DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF DIVISION OF VITAL RECORDS, 201 W. underlying cause last · woodstateta. CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CERTIFICATION nemia 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206. IF YES, WERE FINDINGS USED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOF YES T 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY TICHOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 20 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 19 21d INJURY OCCURRED 211. LOCATION 21e PLACE OF INJURY ö CITY OF TOWN orked (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) COUNTY STATE NOT WHILE AT WORK AT WORK 22a. I certify that (I) (this haspital) attended the deceased from 3/30/86 saw the deceased alive an 3/50/0C abave, (1) (we) (did) (did nat) view the bady after death , and that in (my) (our) apinion death occurred on the date and have and from the causes stated 22b. SIGNATURE DEGREE 22c. DATE SIGNED + ATTENDING MEDICAL should be deta with the State IMPORTANT: PHYSICIAN DIRECTOR PHYSICIAN 2600, UVE E. R. JACKMAN 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION STATE (SPECIFY COUNTY 4/3/82 Burial Baltimore Cedar Hill Cem. Co MD 24. FUNERAL DIRECTOR REGISTRAR 25b. REGISTRAR DHMH - 16 60M 1/75 (VR A 15 (4)) C. March F/H 1101 E. North Ave.



STATE OF MARYLAND

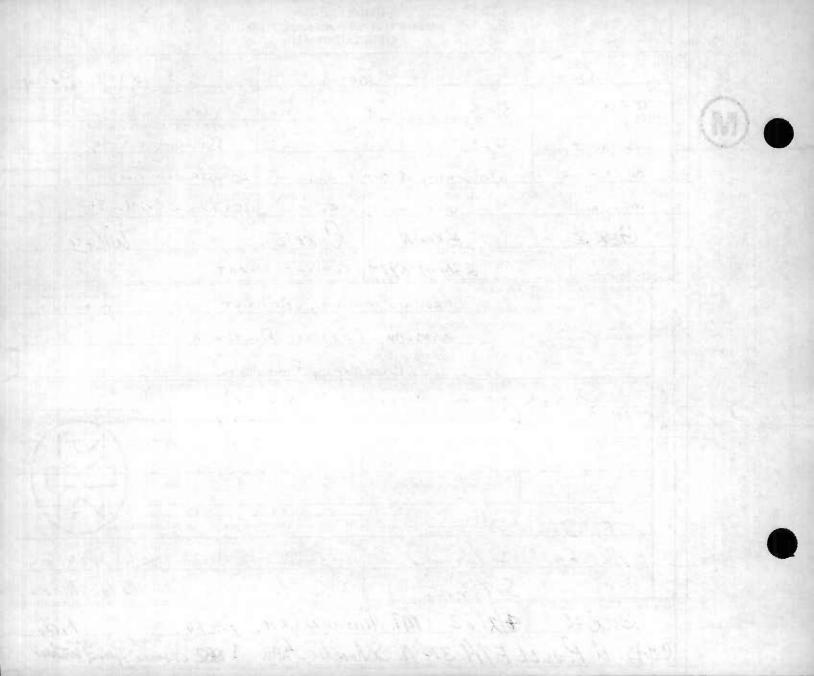
CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

REGISTRAR

- STATE



	1			STATE OF MARYLAND		
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e me		CEASED NAME JOINE		Rrowv	2a. DATE OF DEATH	03 04 82 9 PA
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AND 2	13a	STATE Md 136 COUN		TOWN 138 INSIDE CITY L	- 0	Raynor Ave
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BALTIMORE.		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE		b), and ic		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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O - O - N	CERTIFICATION	190 DATE OF OPERATION	19h CONDITION FOR V	VHICH OPERATION WAS PERFORME	D 20a AUTOPSY?	20b IF YES, WERE FINDINGS USED
L REC	FFC	THE DATE OF CIERATION	The CONDITION ON A	VIIICIT OF ENATION WAS TEN OWNE	YES NO	IN CERTIFYING CAUSES OF DEATH? YES NO NO
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TOR For working the state of th		sow the deceased alive on) opinion death occurred an the	date and hour and from the couses stated
NR AT hosp IRECT hed for ept. 0 them 2		22b. SIGNATURE	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	DEGREE		221. DATE SIGNED
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TO HOSPITAL TO FUNERAL Stood by a		Jorge	Vallecil	to MA	JB614	
1100/2 253 8	23a.	BURIAL, CREMATION, REMOVAL	23b. DATE	230 NAME OF CEMETERY OR CREA	CITY OF TOWN	COUNTY STATE
BP		Burial	3/8/82	md. Natil me	m. Pr. Laure	
DHMH - 16 50M 1/76	24 F	UNERAL DIRECTOR	AOOR		25a, DATE REC'D. BY REGISTRA	25h REGISTRAR SIGNALUS TILL
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e De			16 46	Howal	in			TENDING	MEDICAL	STAFF		2-9-	20
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should I with the	1					(1)			123d. LOCA	15/1729			
	1	(SPECIFY)		236. DATE		NAME OF CE	METERY OR CR	_	CITY OR	TOWN	COUNTY		STATE
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March FIH 1101 E. North Aug.

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE OF DEATH 26 HOUR 82 F UNDER 1 YEAR COUNTY OF DEATH 126 KIND OF BUSINESS OR WORKING LIFE INDUSTRY Booker Ct. LAST Booker Ct. APPROXIMATE INTERVAL BETWEEN ONSEL AND DEATH ITION GIVEN IN PART 1(a)

that (I) (we) last

DHMH - 16 50M 1/76 (VR A 15 (4))

CONTRACTOR OF THE PROPERTY OF 15 8 Hettie C tomun 1622 Bunker St. THE RESERVE TO SERVE THE PARTY OF THE PARTY Day of 3/12/82 This Vetoor Com Courselle - ma STOP I FROM IN JUST AT MAKE A HOLD BY A STOP I WAS I TO THE

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	L'	REGISTRAR		CERTIF	ICATE OF I	EATH	REG. N	0.		
		CEASED NAME FIRST OR PRINT) BROWN	MIDDLE		ASI		20 DATE OF DEATH	MONTH /82	DAY YEAR	26 HOUR 4 15 A M
	3. SE)	Female	Black	5. DATE O	DAY	98	6 AGE (IN YEARS LAST BIR		IF UNDER I YEAR	IF UNDER 24 HRS. HOURS MIN.
2	C	WIC:	b. CITIZEN OF WHAT COUNTRY?	MARRIE WIDOWE	D DI	VORCED	BALTIMORE CITY O	R COUNTY	OF DEATH	MD
7	K	BALTIMORE	11. NAME OF HOSPITAL, NURSING (IF NOT INSUCA FACILITY, GIVE STREET A PERCY	DDRESS)	FOSD	TITUTION	PROVIDE OF WORKED MOSTO			SEBACE
1	13a. S	RESIDENCE (IF MURSING HOME OR OF THE 13b COUNT	TY 13 CETY OR TOWN		-	NO []	1 10 1 1	MURL	200	Auw
P	1	PANILL D.	STENLA LAST		80	MAIDEN NAM	STEELX	۲	LAS	
		(AS DECEASED EVER IN U.S. ARM ES NO OR UNKNOWN) (IF YES, GIVE	NED FORCES? 166 SOCIAL SECUR WAR OR DATES) 2/9-16.	6424	17 INFORMA	MARIE	V. STEELE	1397	DETONO	cicy AUX
		Conditions, if ony, which gove rise to immediate couse ioi, stating the underlying couse lost.	DUE TO, OR AS A CONSEQUE	onic I	Renal	Failu				
	CERTIFICATION	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO D		1.00		AL DISEASE OR CONI		EN IN PART I I O	
	RTIFIC						YES NO	IN CERTIF	YING CAUSES	
-	ICAL	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DA' P.M.	Y YEAR	21c HOW IN	JURY OCCURRI	ED (ENTER NATURE OF INJUR	PY IN ITEM 18 P	ART I OR PART 2)	
	WED	214 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e, PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	RM, ETC)	211. LOCATIO	N .	CITY OR TO	WN	COUNTY	STATE
		220 I certify that (1) (this hospital saw the deceased alive on above (1) (we) (did) (did not)	3/28/82 108	2 , on		_, 19 <u>&2</u> (our) opinion d	eoth occurred on the do	'		thot() (we) lost couses stoted
		226 SIGNATURE Freel	Ole It MI		DEGREE	TTENDING PHYSICIAN [MEDICAL STAP		22c. DATE :	16NED,
		22d PHYSICIAN'S NAME (TYPE OR	PRINT		22e ADDRES	δ. Α. Α.	11			

DHMH - 16 50M 1/B1 (VRA 15, 4)

IMPORTANT: If Item 21 is marked or Item 18 shows

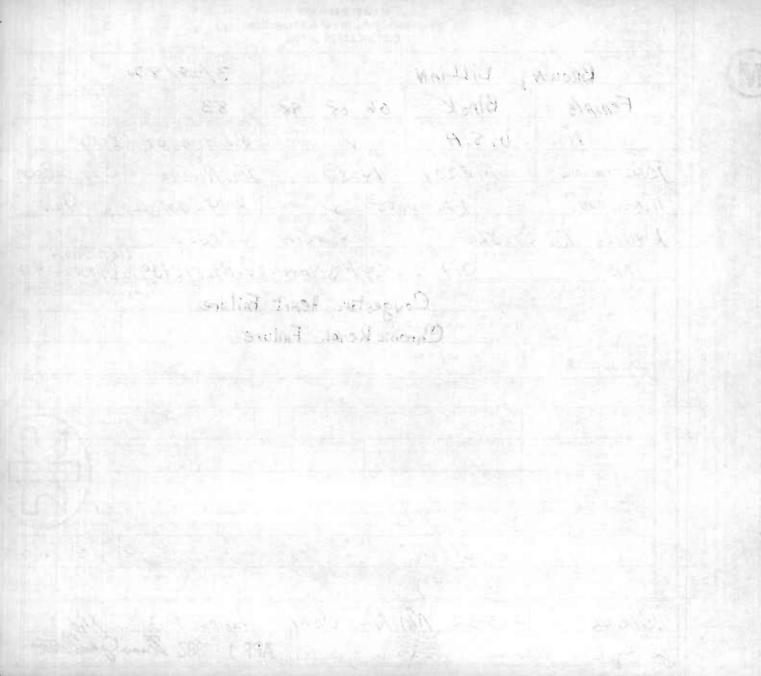
23b. DATE CREMATION, REMOVAL

ADDRESS 22

236 NAME OF CEMETERY OF CREMATORY

23d LOCATION CITY OR TOWN

APR 1 1982



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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

DUKELANDS

LAST

Cordinorale Disease

2b HOUR

12b. KIND OF BUSINESS OR

IF UNDER 24 HRS

IF UNDER 1 YEAR

70b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO M

COUNTY

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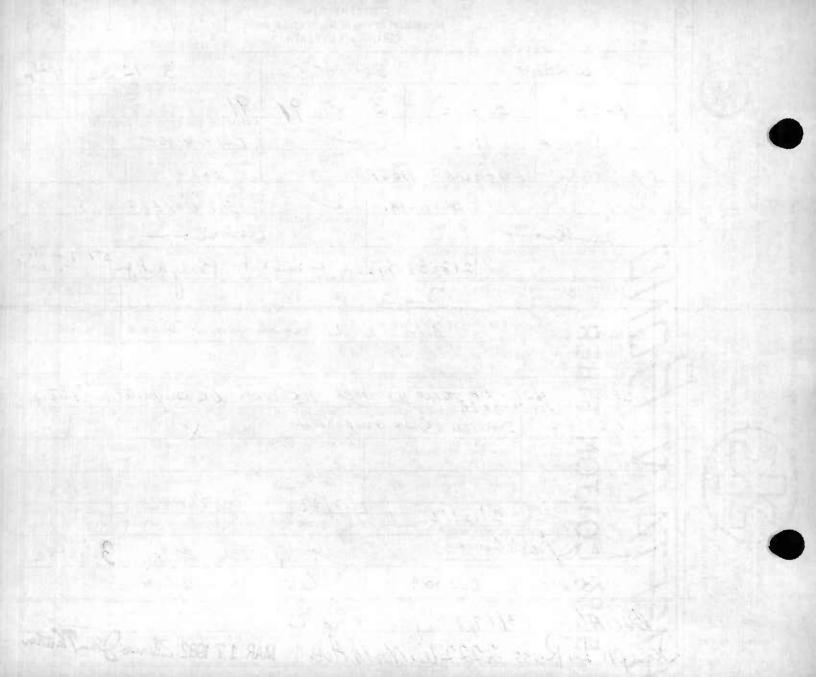
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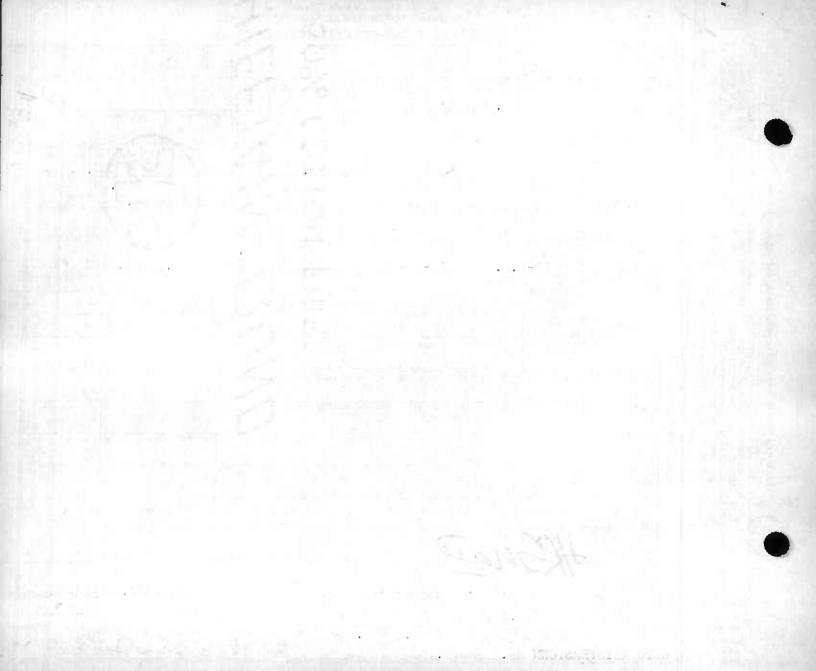
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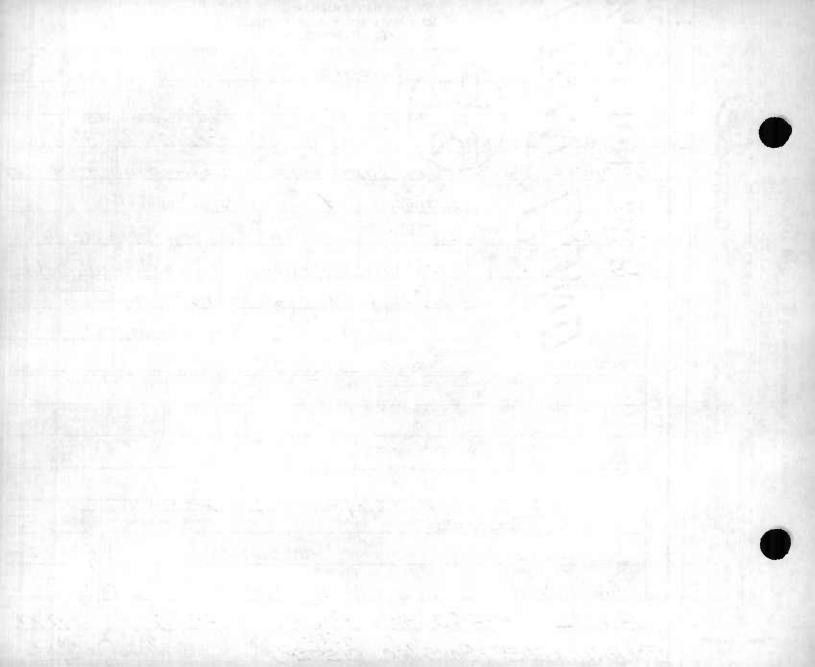
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AZZZZ B	14. F	ATHER'S NAME		MIDDLE		AST		15. MOTHER'	S MAIDEN N	AME	WIDDLE		LAS		
SA SE	DO		ACOB	Made		JDOFF		7 1113	REBEC	CA	MIDDLE		COHEN		
MO PAGE		WAS DECEASE	DEVER IN U.S. AR	MED FORCES?	16b. SOC	IAL SECURIT	Y NO.	17. INFORMA	MRS	. ROSE	FREET	MAN			
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				STATE OF MARYLAND		
6+1	1-	FOR STATE	DEPARTA	MENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	TYGIENE 8 2 ()	16173
	1.00	REGISTRAR	WIDDLE	LAST	REG. NO.	
o & £	(TYPE	CEASED NAME FIRST OR PRINT)	MIDDLE	7	20 DATE OF DEATH MONTH	DAY YEAR 2b. HOUR
poge r deot		Joseph.	2	budzyns ki	3	31 82 6:47 pm
o b	3. SEX	4. F	PACE	5 DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
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(動脈)	7n BP		CITIZEN OF WHAT COUNTRY?	3 18 1920	9 BALTIMORE CITY OR COUN	
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3 37 /		VSA.	1104.	WIDOWED DIVORCED	- SALTO	MD.
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E	_	SNADIRS	BUDZYNSK	1 ANNA		MARCENAK
Poges		(AS DECEASED EVER IN U.S. ARMETES, NO ORUNKNOWN) (IF YES, GIVE WA	PORCES? 166 SOCIAL SECU	RITY NO. 17 INFORMANT	ADDRESS	5 / /
Poges medico		VES	214-22	1386 Santayan	a 1022 Ch	evine Martin Ct.
icion icion oers. P	H	18 CAUSE OF DEATH (Enter only o	ne cours per line for (a). (b), one	110	1000	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
g physical conpopulation on population of the control of the contr		PART I. DEATH WAS CAUSED B	Y	naestive Hear	Feilure,	BETWEEN ONSET AND DEATH
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by ose U. cr		underlying cause last.	(c)	XX Z		
Then plec r to burial	7	PART 2 OTHER SIGNIFICANT CON		DEATH BUT NOT RELATED TO THE TE	erminal disease or condition G	SIVEN IN PART 1101
been s	CERTIFICATION	19g DATE OF OPERATION	19h CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF Y	YES, WERE FINDINGS USED
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tific Martin		OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. MONTH DA	Y YEAR		
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rke rke	`	WHILE NOT WHILE AT WORK		1000	1 1	
3 0 e		220.1 certify that (I) (this hospital)	ottended the deceosed from_	2/2/82 19	, to 3/31/8	2 19, that (I) (we) lost
DIRECTOR: oched for us Dept. of He		sow the deceased alive on	3/31/82. 19_	one that in (my) (our) apini	ion death occurred on the date and h	our and from the causes stated
thed for ept. of them 2		obove, (1) (we) (did) (did not) vi 22b. SIGNATURE	ew the body offer death.	DEGREE		221. DATE SIGNED
The Design		Caritaria	7_	ATTENDING	G _ MEDICAL _ STAFF	3/21/67
RAL DI detoch state De NT: If It		Samagane		PHYSICIAN	DIRECTOR PHYSICIAN	13/31/02.
TO FUNERAL should be defined by the State		22d. PHYSICIAN'S MAME (TYPE OR PRI	NT)	22e. ADDRESS	- 50 10 001	D16 21
should be de with the State		SANTAYANA		1022 Char	ing / Levin Ct.	Ballo Ild.
5 € 3 ₹ §	23a. B	URIAL, CREMATION, REMOVAL	3b. DATE 23c N	IAME OF CEMETERY OR CREMATOR	RY V 23d. LOCATION	
	(5	PECIFY DIDIAL	4-2-07 4	Wy Among	CITY OR TOWN	COUNTY
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Wm. C. March F/H 1101 E. North Avenue

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

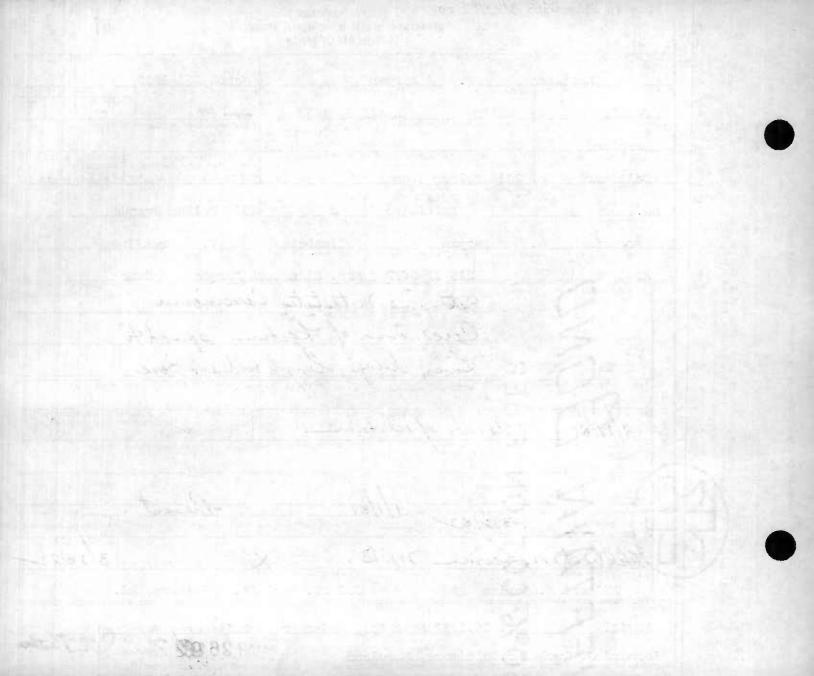
FOR

- STATE

(VRA 15, 4)

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g	1	- STATE REGISTRAR			DEFARI		FICATE OF DEATH	REG.	NO.	0	7 "
. e		CEASED NAME E OR PRINT)	FIRST		MIDDLE	1000	LAST	20. DATE OF DEATH	MONTH DA	Y YEAR 2	h HOUR
r death			thleen		P. B	urgan		March 25	, 1982		
	3 SE	X		RACE		5. DATE	OF BIRTH	6 AGE (IN YEARS LAST			FUNDER 24 HR
		Female		White		Apri	1 5, 1933	49 48	YRS		, Mil
120		IRTHPLACE (STATE OF	FOREIGN)	b. CITIZEN OF	WHAT COUNTRY?	MARRIE	ED NEVERMARRIED	9 BALTIMORE CITY	OR COUNTY C	F DEATH	
14 1	10.0	Maryland ITY OR TOWN OF DE	ATH 1	USA WIDOWED DIVORCED 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION				12a USUAL OCCUPA	TION	101 1/10/10 05	A
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rio frent frent	MEDICAL	21d. INJURY OCCUR		P.,		19	AN LOCATION				
this he build Mind M	MEC			21e PLACE	REET, FACTORY OFFICE, 1	ARM ETCY	211 LOCATION STREET	CITY OR	IOWN	COUNTY	STATE
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should be defined by the State IMPORTANT:	Н	Alle	Am	decer	ne /	かっと	ATTENDING PHYSICIAN	DIRECTOR PHYS	ICIAN 🗌	3/26	182
d be she s		224 PHYSICIAN'S N					22e ADDRESS	The Company			
APO APO		Hilbe.	rt M.	Levine	MD		333 St. Paul	St. Baltir	nore, Ma	7.	
v > ₹	23a. E	BURIAL, CREMATION	, REMOVAL	23b. DATE	23c, 1	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION		OUNTY	STATE
		Burial		Mar. 26	,1982 Mo	st Ho	ly Redeemer	Baltimore			STATE
6 50M 1/B1	24 FI	UNERAL DIRECTOR					25a. DA	TE REC'D. BY REGISTRA	256 PEGISTRA	R'S SIGMATUR	1/2-16
4 15, 4)	1	ceonard J.	Ruck	Inc. Bal	timore.	Marul.		MAR 20 190		6 John	I make to



	STATE UF N
2	DEPARTMENT OF HEALTH
ATE	CERTIFICAT

ARYLAND H AN CERTIFICATE OF

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	2a. DA	TE OF DE	ATH (3	0 G	S2	1	128	A N
	6 AGE	(IN YEAR	LAST BIRTI	HDAY)	IF U	NDER 1 YE.	AR	F UNDER 24 I	HRS

1	FOR STATE REGISTRAR			DEPARTA		EALTH AND N		SIENE 3 2.	10	0 6		9 0			
	CEASED NAME	FIRST	T MIDDLE LAS			LAST	MONTH	DAY	YEAR	26 HOUR					
(1Ab	E OR PRINT)	ETHEL	ľ	A.	BURKS			1377.4	03	06	82	1280.			
3. SE	Х		4 RACE		5. DATE O	4.45		6 AGE (IN YEARS LAST B	RTHDAY)		RIYEAR	IF UNDER 24 HRS			
	Female	9	Blac	ck	7 MONTE	19	06	75	YRS.	MONTHS	MONTHS DATS HOURS MIN				
	IRTHPLACE (STATE COUNTRY)	PA USA MARRIED NEVER MARRIED BALTIMORE CIT													
	ITY OR TOWN OF	2	(IF NOT IN SUC	HOSPITAL, NURSING HEACHTY, GIVE STREET ON MEMORI.	AL HO		TUTION	12a USUAL OCCUPA (TYPE OF WORK FOR MOST			KIND O DUSTRY	F BUSINESS OR			
130	MD MD	NURSING HOME O		GIVE RESIDENCE BEFORE 134. CITY OR TOW Baltimo	N	134 INSIDE CI	TY LIMITS?	13e STREET ADDRESS 5410 L	othi	an F	Rd.				
	ATHER'S NAME FIRST Hugh		MIDDLE	Law	63	15. MOTHER'S	MAIDEN NA Buline	MIDDLE		Sv	vans	son			
	Was deceased ever in u.s. armed forces? 166. Social Security No. 17. Informant Address 17. Informant No 18. Social Security No. 18.														
18 CAUSE OF DEATH (Enter anly one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (a), storing the underlying couse last. APPROXMATE INTERVAL BETWEEN ONSET AND DEAT DUE TO, OR AS A CONSEQUENCE OF RENAL FAILURE										ONSET AND DEATH					
NOI	PART 2. OTHER CEREB			ACC I DE		DIA BE		MELLITUS		IVEN IN F	PART I)			
CERTIFICATION	190 DATE OF OP	ERATION	19b. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFOR	MED	200. AUTOPSY? 200. IF YES, WERE FINDINGS USE IN CERTIFYING CAUSES OF DEA YES NO YES NO							
	21a ACCIDENT WA OR CONTRIBUTING (IF EITHER NOTHY	CAUSE OF DE	EAIN			YEAR 19					N 18 PART I OR PART 2)				
MEDICAL	AT WORK	T WORK		EET, FACTORY, OFFICE, FA								STATE			
	27a certify that (1) (this hospital) attended the deceased from BRCH 1, 19 82, to MARCH 6, 19 82, that (1) (we) last sow the deceased olive on MARCH 6 19 82, and that in (my) (our) apinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death.														
	276 SIGNATURE	Carl Sperling MeD ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN								182					
	CARL		RUNG /	M.D.		201 E		IVERSITY	PAR	KWA	Ly				
23a	BURIAL, CREMATI	ON, REMOVAL	23b. DATE	23c N	NAME OF C	EMETERY OR C	REMATORY	23d. LOCATION				- Carl Chest			

BP. DHMH - 16 50M 1/B1 (VRA 15, 4)

PHYSICIAN: The

OR ATTENDING

TO HOSPITAL

TO FUNERAL DIRECTOR:

should be detoched for use as the burial-transit permit. Then please remove a with the State Dept. of Health and Mental Hygiene priar to burial, cremation,

MPORTANT: If Item 21 is morked or Item 18 shows

Burial 3/10/82 24 FUNERAL DIRECTOR
Wm. NAME. March F/H

23c NAME OF CEMETERY OR CREMATORY Cedar Hill

23d. LOCATION

CITY OF TOWN

1101 E. North Ave.

Chances Jan 9/6 there Cem Baltir 25a DATE RECUBER PROBLEM

RESPIRATORY INSTRESS PARKE ST MARKET STATE OF THE STATE OF TH THE RESERVE STORY TO STUDY AM VENTAL SIMES SAME S 1982 Same Standard

STATE OF MARYLAND

3/30/02 EstompE Anatony Found Balto., M. STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 2ª DATE OF DEATH 26 HOUR (TYPE OR PRINT) WILLIAM 10HN 3. SEX 4. RACE 6. AGE (IN YEARS LAST BIRTHDAY) DATE OF BIRTH TO BIRTHPLACE ISTATE OR FOREIGN 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland U.S.A. WIDOWED DIVORCED CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126. KIND OF BUSINESS OR INDUSTRY Checker Beth. Steel 136 CITY OR TOWN 13e STREET ADDRESS 2245 Searles Road Dundalk NOX 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE Edward J. Burns Hartman Margaret Μ. 60 WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 2245 Searles Rd. 166 SOCIAL SECURITY NO 17 INFORMANT (YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Yes Korea 212-30-2762 Mary E. Burns Balto., MD.21222 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY DUE TO, OR AS, A CONSEQUENCE OF SARCOMA Conditions, if any, which gove rise to immediate couse lot, stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20g AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES [7 In ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 211. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21d. INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION AT HOME STREET, FACTORY, OFFICE, FARM ETC)

22e ADDRESS

CITY OR TOWN

WHILE NOT WHILE

220 1 certify that (1) (this haspital) attended the deceased from,

, and that in (my) (aur) opinion death accurred on the date and haur and from the causes stated

sow the deceased alive on_ 226 SIGNATURE

DEGREE

ATTENDING

MEDICAL PHYSICIAN DIRECTOR PHYSICIAN

OCH LAVEN BUID 23a. BURIAL, CREMATION, REMOVAL 231 NAME OF CEMETERY OR CREMATORY

(SPECIFY)

3/10/1982

Holly Hill

23d. LOCATION White Marsh

22¢ DATE SIGNED

24 FUNERAL DIRECTOR Duda-Ruck, Inc. 7922 Wise Avenue

Dundalk, MD.

250 DATE REC'D. BY

Maryland

DHMH - 16 50M 1/81 (VRA 15, 4)

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should be deta FUNERAL

(VRA 15, 4)

MPORTANT:

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR			CEKTIFI	CALE OF DE	AIR	REG. NO.		
1 DECEASED NAME FIRST (TYPE OR PRINT) MARIE		INNE	BURN			March 4, 1982		26 HOUR 5:00 P
3. SEX Female	4. RACE White		S. DATE O	F BIRTH 2 [™] 7	25			IF UNDER 24 HRS
78: BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland 10. CITY OR TOWN OF DEATH	U.S.A.	/HAT COUNTRY?	8. MARRIED WIDOWEI 3 HOME O	D DIV	DRCED KK	Baltimore City Baltimore City 120 USUAL OCCUPATION	12b. KIND C	M OF BUSINESS O
Baltimore	521 S.	East Ave	enue			Housekeeper	Util	ity
USUAL RESIDENCE IF NURSING HOME- 130. STATE 136 COL	YTAL	ive residence before a 13a. CITY OR TOWN Baltimore	1	13d. INSIDE CIT	Y LIMITS?	13. STREET ADDRESS 521 S. East Aven	ue	
14 FATHER'S NAME John	MIDDLE .	Reagan			MAIDEN NA/ RSI LICETIY	Je widdre	Weiss	ner
160 WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES, C	SIVE WAR OR DATES)	166. SOCIAL SECUR 219–18–35		Charles	W. B	urns, 502 S. East Baltimore,	IFUNDER I YEAR IF MONTHS DATS HE MONTHS HE MON	.e
18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAUSE IMMEDI	SED BY: ATE CAUSE (a)	ine for (a), (b), and CHYMICHI AS A CONSEQUEN	ronch	ites untl	h asth	ma	BETWEEN	imate interval onset and death 10 7 15
gave rise to immediate cause (a), stating the underlying cause last.	(c)	AS A CONSEQUEN						
PART 2. OTHER SIGNIFICAN		NTRIBUTING TO DI	EATH BUT	NOT RELATED T	O THE TERM	INAL DISEASE OR CONDITION GIVE	N IN PART 1	0,

216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 210. ACCIDENT WAS UNDERLYING YEAR OR CONTRIBUTING CAUSE OF DEATH

HOUR A.M. MONTH DAY P.M. 21e. PLACE OF INJURY

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED

19 211 LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

CITY OF TOWN

and that in (my) (aur) apinion death accurred on the date and haur and from the causes stated

CITY OR TOWN

NOL

20g AUTOPSY?

COUNTY STATE

NO [

20b. IF YES, WERE FINDINGS USED

YES [

IN CERTIFYING CAUSES OF DEATH?

22b. SIGNATURE

NOT WHILE

220.1 certify that (1) (this haspital) attended the deceased from

(IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED

190 DATE OF OPERATION

DEGREE

23c. NAME OF CEMETERY OR CREMATORY

ATTENDING PHYSICIAN MEDICAL STAFF
DIRECTOR PHYSICIAN

STATE

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

23a BURIAL, CREMATION, REMOVAL

22e ADDRESS

BACTIMERE MI) 23d. LOCATION

Burial DHMH-16 30M 2/80

CERTIFICATI

MEDICAL

FOR - STATE

-8-82

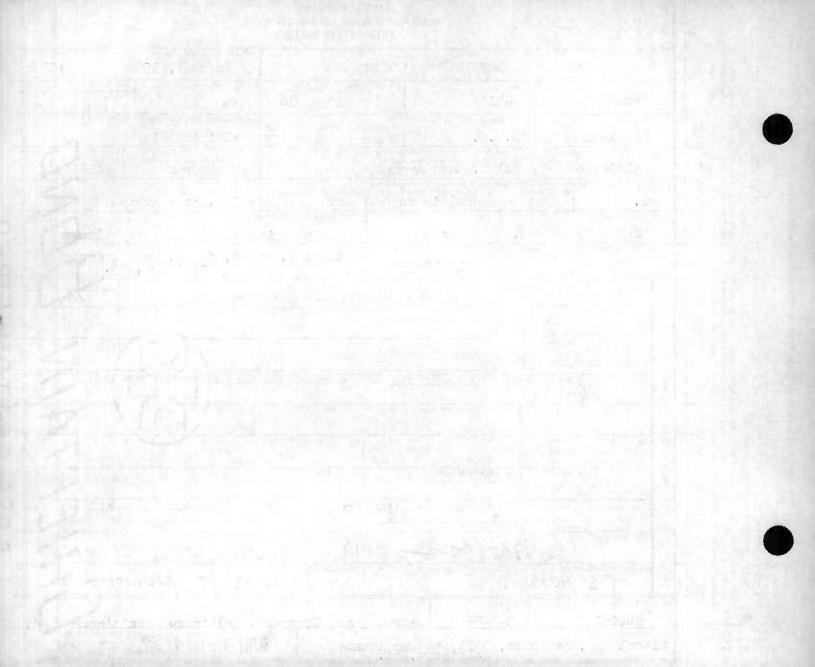
Heart Cemetery Baltimore Baltimore 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

3021 Eastern Avenue Baltimore, Md.

24 FUNERAL DIRECTOR
Nicholas T. Matthews,

23b, DATE

COUNTY

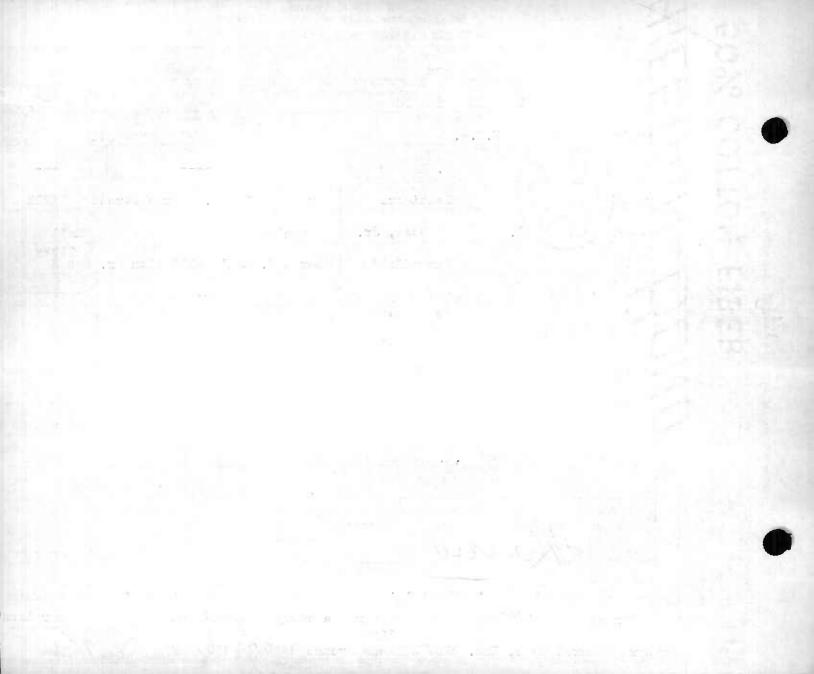


8	1-	FOR STATE REGISTRAR					MENT OF	HEALTI		ENTAL H	YGIEN F DEA	5 2 TH	REG. NO.) 6	2 0	U
SS. S. ET,		CEASED NAME E OR PRINT)		Mary	/	WIDDLE		Buri	rell			20. DATE KN OF DEATH M	NOWN X	монтн	28982	2b HOUR
PLEA DIRECTO DUR FILL DON STRE	3. SE)	female	4. RACE blac		DATE OF BIRTH	9°5°	6. AGE (IN YILL ASSESTED Y	PAY) MONT		HOURS		2c. DATE PRONOUNC DEAD	ED 3	28	DAY YEAR 82	24 HOUR 8:10
NECESSARY PLEASE -UNERAL DIRECTOR. S FOR YOUR FILES. W PRESTON STREET.	7a. B	RTHPLACE (ST	ATE OR	7	b. CITIZEN OF W	HAT COUI	NTRY?		NED NE	VER MARRIE	D	Baltimo	imore	Cit		PM MD.
RE, MD. 21201 EATH. IF ANY DELAY IS NEE ES 1, 2, AND 3 TO THE FUN I PM. 3. RETAIN PAGE 5 FO IND 2 SHOULD BE FILED, W	Ва	iltimore	5		1. NAME OF HO (IF NOT IN SUCH F	54 Co	rde lia	Aver		NOITI		AL OCCUPA		OF WORK 1	2b. KIND OF BU OR INDUST	
MD. 21201 H. JE ANY D 1, 2, AND 31 0,2 SHOULD 1/AL RECORD	USU/ 13a. S	AL RESIDENCE TATE MD		G HOME OR C	OTHER INSTITUTION, C	13c. CIT	e BEFORE ADMISS Y OR TOWN 1 timo		13d INSI08 (13e. STRE	et address 354 C	orde.	lia .	Avenue)
DEATH. II	1	ATHER'S NAME FIRST Arthur			MIDDLE	Sco			A.	ER'S MAIDER	NAME	MIDE	Ja	acks	on	
TIME TER TER FOR SES 1	(Y	VAS DECEASED ES, NO, OR UNKNO	EVER IN (VES, GIVE WA	D FORCES? AR OR DATES)	16b. SO	CIAL SECURI N/A	TY NO.	Da i	mant sy Ly	les		ADDRESS	deli	a Ave.	
HOURS AF HOURS AF IN IB. GIV WE WITH RMIT. PAG NE, DIVIS		18. CAUSE O	ATH WAS	CAUSED E		e for (o), (b		tic o	19.					3011	APPROXIMAT BETWEEN ONS	E INTERVAL
TAL RECORDS, 201 W. PRESTON ST., HOULD BE EXECUTED WITHIN 24 HOUR RD. "PENDING" IN YENCIL IN TEM 18. HIEF MEDICAL EXAMINER ALONG W HOED AS A BURIAL - TRANSIT PERMIT. OF HEALTH AND MENTAL HYGENE, D RIAL, CREMATION, OR REMOVAL.			s, if any,		CHOSE (0)		NSEQUENCE							is,		
201 W. PRE UTED WITHI IN PENCIL I EXAMINE ISTANO MENTAL F ON, OR REA			e to imr stating the se last.		DUE TO, OI	R AS A CO	NSEQUENCE	OF								
RECORDS, 201 ID BE EXECUTED PENDING" IN B AEDICAL EXA AEDICAL EXA MENTAL EXA CREMATION,	NO	PART 2 OTHER 516	INIFICANT CO	NOITIONS CO	NTRIBUTING TO DEATH	BUT NOT REL	ATEO TO THE TER	MINAL OISEA	SE OR CONDITIO	ON GIVEN IN PAR	T 1 (a).					
HOULD SRD "PER ME CHIEF M CHIE	MEDICAL CERTIFICATION	19a. DATE OF	OPERATIO	N	196 COND	ITION FOR	WHICH OPE	RATION V	VAS PERFOR	RMED?					20 AUTOPSY	7? NO 🕅
DIVISION OF VITAL RETING THE WORD " ROED TO THE CHIEF RES SHOULD BE USE TO EPERATMENT OF HOIS FROOR TO BURKAL	AL CER	210. EXTERNA UNDERLYING CONTRIBUTION	OR			M. MONTH	DAY YEA		IOW INJURY	Y OCCURRED) (ENTERN	ATURE OF INJUR	Y IN ITEM 18 PA	ART I OR PART	2)	1.67
BIVISION OF VITAL REC R. THIS CERTIFICATE SHOULD E TIE, WRITING THE WORD "FEN SRWARDED TO THE CHIEF MA R. PAGE 3 SHOULD BE USED A R. PAGE 3 SHOULD BE USED A E. STATE DEPARTMENT OF HEAD D, 21201 PRIOR TO BURIAL, CI	MEDIC	21d. INJURY C		IILE 🖂	21e PLACE		(AT HOME,		CATION	114		CITY OR TOWN		COUP	ИTY	STATE
INER: THE STAR PARTY PAR		22a. I certit		ok charge o	of the remains de	scribed ab		Autop uicide	1	Inspection	Λ	Inquiry C		in my opir	nian	
I EXAM RECERTIFO OULD BI N. WITH WARYI		ACTUAL SIGNATURE		M	X	013)	orcide	TITLE (S	SPECIFY) Stant		ICAL EXAMIN		DATE	3/29	9/82
TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFIER DEATH, WITH THE SIZE BALJIMORE, MARYLAND, 2		EXAMINER'S (TYPE OR PRIN	NAME NT)	Ho	rmez R.	Guar	d,M D	•	ADDRESS_	111 F					D 21201	
0390F9 —	23e.B	URIAL, CREMA Buri	al		DATE 4/2/82		name of ce				23d. LO CITY O Ba	Ttimo	re	COUNT	iv s	MD
2788 DHMH-17 (VR A15 ME (5))	24. F	UNERAL DIREC		ch I	F/H 11	0	E. Nor	rth i	Ave.	250. DATE R	30	REGISTRAR	25b REGIS	TRAR'S SK	SHATURE SKALL	h
15M 2/80			-													

X		tems #18a-22a F	ilm G566 666 4/29/8	4/23/82 31	ATE OF A	MARYLAND H AND MENTAL H	YGIENE	0.6	9 0 1
/		REGISTRAR	ME	DICAL EXAMI		CERTIFICATE C		NO.	0 1
\ w		CEASED NAME FIRST	and the same	MIODLE		LAST	20. DATE KNOWN OF ESTI-	*	DAY YEAR 26. HOUR
/SEESE	3. SEX	COLI	IL DATE OF BIRTH	6. AGE (IN	YEARS IF UN	DER TYR. IF UNDER	DEATH MATED	□ 3-5-8	DAY YEAR 2d. HOUR
	ma	ale white	11 8	1981 LAST BIRT	YRS. MONT	HS DAYS HOURS	MIN PRONOUNCED DEAD	3-5-8	2 19 5:10A
A HOUSE		RTHPLACE (STATE OR REIGN COUNTRY)	76. CITIZEN OF WI	HAT COUNTRY?		IED NEVER MARR		_	OF DEATH
	10. C	TY OR TOWN OF DEATH	II. NAME OF HOS	PITAL NURSING HO	ME, OR OTH		ED D Baltimon		MD.
758 F838		Baltimore		CILITY, GIVE STREET ADORES			FOR MOST OF WORKING LIFE)		OR INDUSTRY
NNY DE STAIN DOUGH	USU A 13a. S	L RESIDENCE (IF IN NURSING HOME TATE 131 COUN	OR OTHER INSTITUTION OF	VE RESIDENCE BEFORE ADMI	SSION	134. INSIDE CITY LIMITS?	13e STREET ADDRESS	01.0	h /
TENERS I	14 E	THER'S NAME		Baltin	ore	YES NO I	3088.1	Silmo	2 12123
# # # # # # # # # # # # # # # # # # #		FIRST PARA	MIDDLE .	RUTH		IS. MOTHER'S MAID	MIDDLE	A. in	& LAST
BALTIMOL SS AFTER DI GIVE PAGE TITH FORM PAGES IN IVISION O	16a. V	VAS DECEASED EVEN IN U.S. AR	MED FORCES? WAR OR DATES)	166 SOCIAL STOUP	RITY NO.	17. INFORMANT	ADDRE	SS Abo	ve.
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HOUR M 18. NG W RWIT. NE, D		18 CAUSE OF DEATH (Enter or PART I DEATH WAS CAUSE	D BY:	for (o), (b), and (c).) Sudden In:	fant d	leath synd	ome	-	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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TO MEDICAL EXAM EXECUTE THE CERTIF PAGE 4 SHOULD BE TO FUNERAL DIREC AFTER DEATH, WITH BALTIMORE, MARYL		(TYPE OR PRINT) Mar	parita A.	Korell,M.)	ADDRESS11			
E00F49	23a.B	URIAL, CR. MATION REMOVAL	3/6/01	23c. NAME OF C	EMETERY	OR CREMATORY	23d LOCATION CITY OBJOWN	YSOUNIH	STATE STATE
1903 DHMH-17	24.5	UNERAL DIRECTOR	O ADDRESS	901	in	250. DATE	REC'D. BY REGISTRAR 256 RE	GISTRAR'S SIGN	NATURE
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN MONTH TYPE OR PRINTI ESTI-Jamie Ann 3 Bush DEATH MATED 21 1982 SEX 4 RACE 5. DATE OF BIRTH IF UNDER 1 YR. 6. AGE (IN YEARS IF UNDER 24 HRS DATE MONTH LAST BIRTHOAY) PRONOUNCED white female 62 DEAD 15 20 76. CITIZEN OF WHAT COUNTRY? To BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY Maryland U.S.A. Baltimore City WIDOWED DIVORCED O CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS FOR MOST OF WORKING LIFE) OR INDUSTRY Baltimore 602 S. Monroe Street USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13e STREET ADDRESS 602 S. Monroe Street 30 STATE 136 COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? Maryland Baltimore 21223 YES X NO [14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE James MIDDLE LAST FIRST Bush, Jr. Shelia Ha 11 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 7. INFORMANT ADDRESS 21229 NO Unavailable George F. Hall 4316 Alan Dr. Apt E 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: Shotgun wound of head Weapon: Shotgun IMMEDIATE CAUSE (a)-DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 101 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? BURIAL YES X NO [DEPARTMENT 710 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) PRIOR TO UNDERLYING OR HOUR A.M. MONTH DAY CONTRIBUTING CAUSE OF DEATH 10:19P.M3/21 subject shot 21e PLACE OF INJURY (AT HOME. 21f LOCATION 21d INJURY OCCURRED STREET, FACTORY, FARM, ETC.1 WHILE AT WORK 602 S. Monroe Street, Baltimore, home PAGE 4 SHOULD BE TO FUNERAL DIRECTOR: PAGE AFTER DEATH, WITH THE STATE RALTIMORE, MARYLAND, 212 22a I certify that I taak charge of the remains described above, held an Autopsy Inspection Inquiry and in my apinion deoth resulted from: Hamicide XX Undetermined monner TITLE (SPECIFY) Assistant MEDICAL EXAMINER DATE 3/22/82 SIGNATURE EXAMINER'S NAME Hormez R Guard M.D. ADDRESS 111 Penn Street Balto MD 21201 230 BURIAL, CREMATION, REMOVAL 236, DATE 73r. NAME OF CEMETERY OR CREMATORY 23d LOCATION Maryland 3/26/82 Loudon Park Cemetery Baltimore Burial BP 24 FUNERAL DIRECTOR 21229 250. DATE REC'D. BY REGISTRAR **DHMH-17** Hubbard Funeral Home, Inc. 4107 Wilkens Avenue MAR (VR A15 ME (5) 15M 2/80

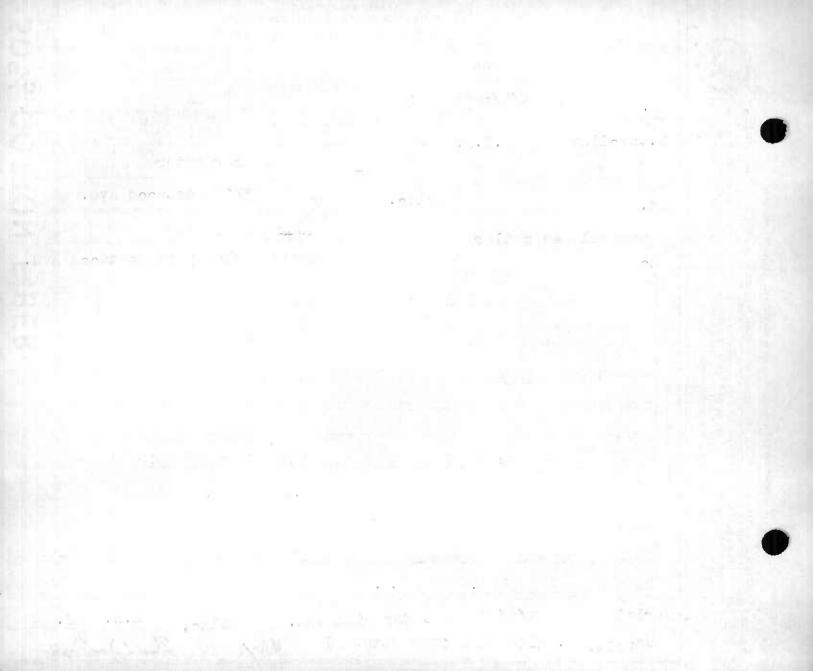


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de te	/	CI	orgia Y OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN	WIDOWE G HOME C	DIVORCED DIVORCED DR OTHER INSTITUTION	Baltimor	e City	Mary 18	NESS OR 2
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quires that the death certificate signed by the attending physica hen please remove carbanpaper to burial, cremation, ar removal. july, or ather traumatic event, the		N	18 CAUSE OF DEATH (Enter on PART 1. DEATH WAS CAUSE) IMMEDIAT Conditions, if ony, which gove rise to immediate couse last, stating the underlying couse last. PART 2 OTHER SIGNIFICANT C	D BY: E CAUSE (o) DUE TO, O (b) DUE TO, O	R AS A CONSEQUE	NCE OF	O		DITION GIVEN I	APPROXIMATE IN BETWEEN ONSET A	JERVAI ND DEATH
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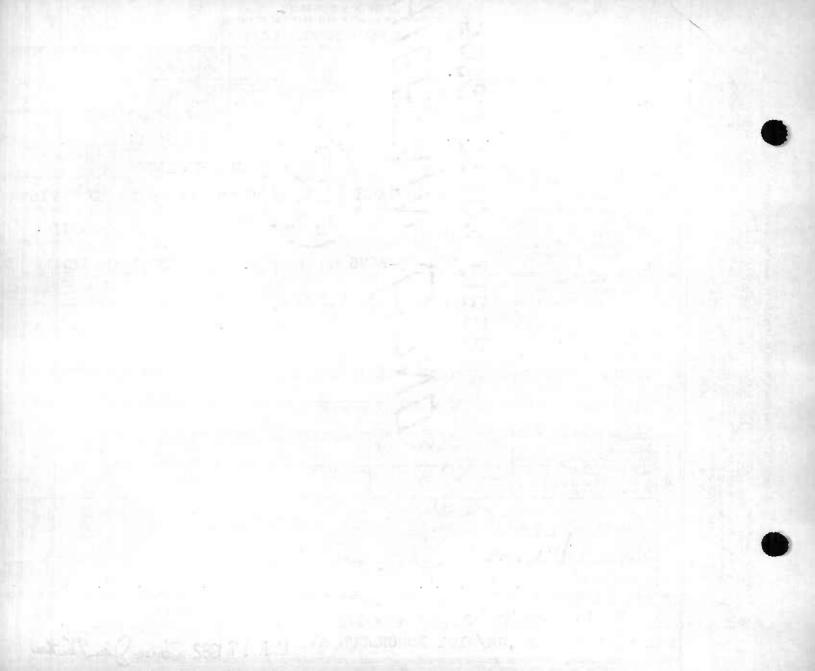
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3. SEX	4. RACE	S. DATE OF BIRTH	6. AGE (IN YEAR	IF UNDER 1 YR.	IF UNDER 24 HRS.	2c. DATE	MONT	TH DAY 1	YEAR 2d HOUR
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ORE, MD. 212 DEATH. IF AN AGES 1, 2, ANI RM PM 3. REI TAND 2.5 HOU	14. FA	THER'S NAME					15. MOTHER'S MAID	EN NAME			
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DHMH - 16 50M 7/77 (VR A 15 (4))

STATE OF MARYLAND

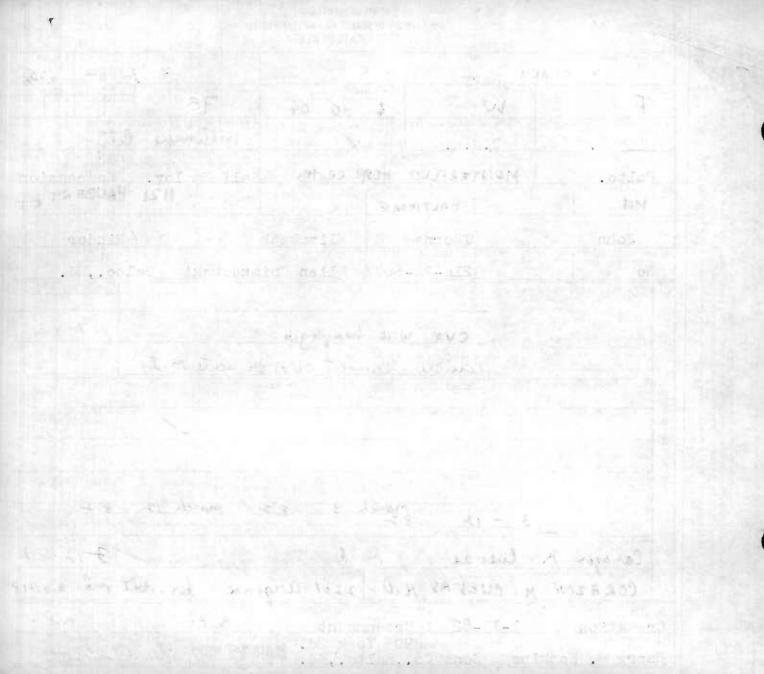
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1250 DATE REC'D. BY REGISTRAR 1250. REGISTRAR'S SIGNATURE

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	SNAME FIRST ONN CCEASED EVER IN U (IF OR UNKNOWN) CLEASED EVER IN U (IF OR U (IF OR UNKNOWN) CLEASED EVER IN U (IF OR U	ISB. COUNTY S NAME FIRST ONN CEASED EVER IN U.S. ARMED FORCES? OR UNKNOWN) CHARLES OF DEATH (Enter only one cause per little only one cause per l	Thorne CEASED EVER IN U.S. ARMED FORCES? ON INTERPOLATION CEASED EVER IN U.S. ARMED FORCES? OR UNKNOWN) CHAPTER OF DEATH (Enter only one cause per line for (a), (b), and (c) OR UNKNOWN) OUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) OR UNKNOWN) OUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) OUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) OUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) OUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) OUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) OUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) OUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) OUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) OUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) OUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) OUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) OUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) OUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) OUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) OUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) OUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) OUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) OUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) OUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) OUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) OUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) OUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) OUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) OUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) OUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) OUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) OUSE	SNAME FIRST ON Thome CEASED EVER IN U.S. ARMED FORCES? RUNKNOWN) (IF YES, GIVE WAR OR DATES) USE OF DEATH (Enter only one cause per line for 101, (b), and 101, 11, 11, 12, 12, 14, 15, 15, 16, 16, 16, 16, 16, 16, 16, 16, 16, 16	13b. COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? YES NO	136. COUNTY 136. CITY OR TOWN 136 INSIDE CITY LIMITS? 136. STREET, 136. NAME 136. STREET, 1	136. COUNTY 136. CITY OR TOWN 136 INSIDE CITY LIMITS? 136. STREET ADDRESS 136.	136. COUNTY 136. CITY OR TOWN 136 INSIDE CITY LIMITS? 136. STREET ADDRESS 22 14 15 15 16 15 15 16 15 15	136. COUNTY 136. STREET ADDRESS 22 HAUSE 136. STREET ADDRESS 136. STREET ADDRESS

Kenkins & Sons Co., Balto., Md.

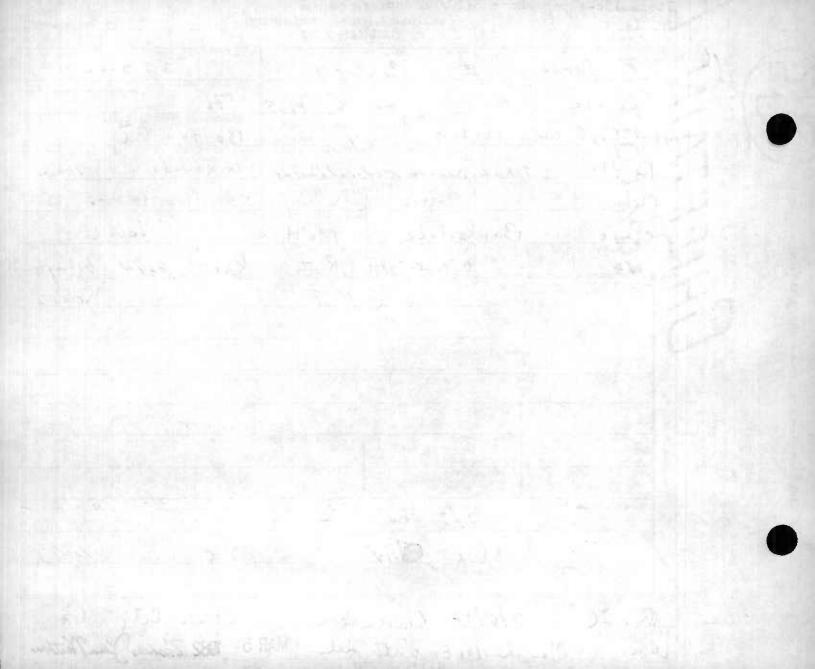


/1	1	FOR STATE REGISTRAR	DEP		EALTH AND MENTAL HYGI ICATE OF DEATH	IENE & Z	U	6 2 0	3
5		CEASED NAME FIRST	MIDDLE	L	AST	20. DATE OF DEATH	MONTH DAY	YEAR 2b. HO	UR
nay be page 3 death	1141	DAN18	(Woodrow	CAD	DEN		3 21	8232	AM
r, pa	3 SI	X	RACE	S. DATE O		6. AGE JIN YEARS LAST BIR	THDAY) IF UNI		R 24 HRS
1		Male	Whit	e 12	30 18	63 0000	YRS	S DAYS MOURS	MIN
TOTAL S	70 E	IRTHPLACE (STATE OR FOREIGN 7)	CITIZEN OF WHAT COUN	TRY?	NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY OF	EATH	
A WHAT	B	altimore. Md.	U.S.A.	WIDOWE		Baltimore	e (ity		MD.
	10 (ITY OR TOWN OF DEATH	1. NAME OF HOSPITAL, NL		R OTHER INSTITUTION	126 USUAL OCCUPAT	ION 12	KIND OF BUSIN	ESS OR
5 5 5 5		Baltimore /	Baltimore	(ity Ho)	pitals	Investiga	tor	Transit-	Traffic
212 24 ho d in	USU 130	AL RESIDENCE (IF NURSING HOME OF O	THER INSTITUTION, GIVE RESIDENCE Y 13c. CITY OR		134. INSIDE CITY LIMITS?	13e STREET ADDRESS			
M Sin	1	Paruland Balti	more East	1	YES NO EX	503 S. Non	th Point	t Road 21	224
with with sho	14. F	ATHER'S NAME	DDLE LAST		15 MOTHER'S MAIDEN NAM			LAST	
A cuted and the cuted		Thomas	Cadden		Elizabett	h	Reml		
exec exec es 1	16a	WAS DECEASED EVER IN U.S. ARM	ED FORCES? 166 SOCIAL	SECURITY NO	17 INFORMANT	ADDR	ESS		
BALTIMORE, ificate be exemificate be exemples. Pages 1 oval. event, the me	4	Yes W.W.	11 217-0	3-0506	Elizabeth M.	(adden 50	S. Nort	th Point	Road
., BALT physicia papers. emoval.		IS CAUSE OF DEATH (Enter only	one couse per line for (o), (b	ol, and (c). I				APPROXIMATE INTE	RYAL D DEATH
· FEEFO		PART I. DEATH WAS CAUSED	BY	diac	arrest.				
death death carbon on, or trauma		4149	DUE TO, OR AS A CONS						
e de ca tron		Conditions, if ony, which	(b) PAL	DOOR XXX	astery Dis	rase			
the ati emove remati		gove rise to immediate	DUE TO, OR AS A CONS	EQUENCE OF		4 1 2 2 2			
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s, 201 W. equires the equires the eigned by n please re burial, or mjury, or	,	PART 2 OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE OR CON	IDITION GIVEN IN	PART I(o)	
aw ree	N N								
N Prit S Prit S	CERTIFICATION	198 DATE OF OPERATION	1% CONDITION FOR WI	HICH OPERATION	WAS PERFORMED	20e AUTOPSY?	206 IF YES, WEI	RE FINDINGS USE	D
AL REC	E					YES NO	YES [NO [
ON OF VITAL RE PHYSICIAN: Th ng physician. This certificate ha urial-transit perm Mental Hygiene d or Item 18 sho	T W	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	DAY VEAD	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 18, PART 1 O	PART 2]	
INISION OF VI	13	OR CONTRIBUTING CAUSE OF DEATH [IF EITHER, NOTIFY MEDICAL EXAMINER]	HOUR A.M. MONTH	DAY YEAR					
PHY ing phy in	MEDICAL	214 INJURY OCCURRED	21e PLACE OF INJURY		21f LOCATION	CITY OR TO		DUNTY S	
DING Pl ttending After th s the bur th and N marked	E	WHILE NOT WHILE AT WORK	JAT HOME, STREET, FACTORY, OF	FICE, FARM, ETC.	21MEE 1	CITYORIO	wn (C	JONIY S	STATE
S 0 0 0 0		22a I certify that (I) (this hospita	I) ottended the deceased fr	om 3 -	11 19 52		7-1 19	82, that (1)	(we) lost
E = F = 7 %		sow the deceased plive an obove, (1) (we) (did) (did not)		19 82 on	d that in (my) (our) opinion d	leath occurred on the d	ote and hour and	from the causes s	toted
L OR AT thospital DIRECT Ched for under the Dept. of		226 SIGNATURE	view the bady after deoth.		DEGREE			22c. DATE SIGNED	,
TAL OF y the hosy the hosy the hosy the hosy the hosy that DIF detached tate Dept.		(14/5)0	m-		ATTENDING PHYSICIAN C	MEDICAL STA	FF		
SPITAL by the JERAL e detac e detac s State	1	224 PHYSICIAN'S NAME (TYPE ORP	RINT)		22e ADDRESS	, DIRECTOR EL TITISA	- Inches	0 0 1	
TO HOSPITAL OH A retained by the hospital TO FUNERAL DIES should be detached for with the State Dept. of IMPORTANT: If Item	н	A HEI	L ma		BA Itamor	e City	Hosp	Balt 1	NP _
or or standing with the standing of the standi	230	BURIAL, CREMATION, REMOVAL	23b. DATE	23c NAME OF C	EMETERY OR CREMATORY	234. LOCATION			
0007BP		(SPECIFY) Burial	3-24-82	Garden	0 5	Overled	Balto	Co MJ	TATE
	24 1	UNERAL DIRECTOR	2.00			REC'D. BY REGISTRAR		SIGNATURE	
DHMH-16 25M (VRA 15, 4) 1/79	1	.S. Zeiler & Son	Inc. 6224 8a	Atom A.	venue MAF	222 1082 3	D! ()	1. W-	13
		101 1010	vice, ozzi (u	JACYL /11	eruse 1		MARKED Y	ALL BULL	Alla_

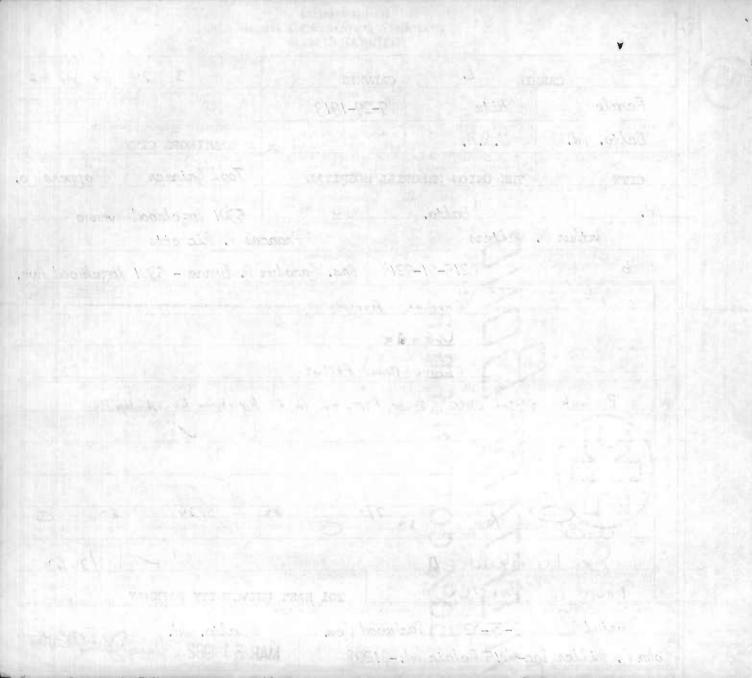
STATE OF MARYLAND

x x Estimate film lander of the la parties and the second parties and the second secon . was the same that the same t The state of the s wind - 3-24-72 - Carles of fails - William - Carles Journal - Carles J. J. Jester R. Tom fine. 1822 Seated Transmit In Mall & 2 1822 25 to May New Mall

	It	ems 13c-e per p	hone $3/10/82$	dacSTATE	OF MARYLAND			
	1.	FOR - STATE REGISTRAR	DEPA		ALTH AND MENTAL HY	V 6.	0 6 2	-1-0
N		CEASED NAME FIRST	WIOOFE	LA		REG. NO). MONTH DAY YEAR	2b HOUR
2 75	(TAB	Sarah Sarah	E	Cala	well		3 - 3-82	11 10
поу	3. SE		RACE	5. DATE OF	BIRTH	6 AGE (IN YEARS LAST BIRT		IF UNDER 24 HRS
ge 4		Female	N	Dec	· 6 1905	- 76	YRS DATS	HOURS MIN.
22 2	7a B	IRTHPLACE (STATE OF FOREIGN 76	CITIZEN OF WHAT COUNT	TRY? 8	□ NEVER MARRIED □	9 BALTIMORE CITY OF		
deoth.	14	-ALifay Co. Var	U.S. A	WIDOWED	DIVORCED [132/10	· City	MC
10) 10 C	DA 14	1. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVE S		OTHER INSTITUTION	TYPE OF WORK FOR MOST OF	WORKING LIFET INDUSTRY	F BUSINESS OR
21201 21201 3 in b be fill	USU	AL RESIDENCE IF NURSING HOME OR OIL	THER INSTITUTION GIVE RESIDENCE B	EFORE ADMISSION	· cal l'enter	Widova	d N	- Le
in 24 ho y filled should b	T30.	Mal.	Y 13a CITY OR T	TOWN 1	13d INSIDE CITY LIMITS?	3650 Eller	rslie Ave.	21218
	14. F	ATHER'S NAME	DOLE	,	15 MOTHER'S MAIDEN NA		1	
MARY and with sed with sed with sed 2	h	elle	BALKEDA	Le	Matti	e middle	hove La	22
AORE ond cond coges		YES, NO OR UNKNOWN) HE YES, GIVE V	VAR OR DATES)	SECURITY NO.	17 INFORMANT	ADDRES	SS	
TIN be	-	WO	059-2	8-34801	KUTK	Knott	629 N. WM	Lugton
hysici poper poper poper poper poper pot, the ent, the		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED)	one couse per line for (o), (b BY:	1, and (c.)	in A		BETWEEN	
certification of property of the property of t	1	451 AIMMEDIATE		-	N'A.		Xe	006-5
PRESTON he death contembration, or a recommendation, or a recommendation.		Conditions, if ony, which	DUE TO, OR AS A CONSE	QUENCE OF				
he d he of emon	1	gove rise to immediate couse (a), stating the	(b)		72	EE		
by thotal		underlying couse last	DUE TO, OR AS A CONSE	OUENCE OF				
S, 20 gined an ple burich iny, or	-	PART 2 OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING	TO DEATH BUT N	OT RELATED TO THE TERM	AINAL DISEASE OR COND	ITION GIVEN IN PART 110	
ow requirements on significant to be ony injure to be	i i							
O 0 0 0 0	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WH	HICH OPERATION	WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINDIN IN CERTIFYING CAUSES	GS USED OF DEATH?
1 9 5 4 4 5 6	E	21g. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		2). How Millipy occup	YES NOT	YES 🗍	NO []
N OF VITA "SICIAN: The sing physicic certificate origin-transity vental Hygician 18 should be s		OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. MONTH		21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY	IN ITEM 18 PART OR PART 2)	
HYSICIA nding p nis certif burial-i Mental	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED	P.M. 21e PLACE OF INJURY	19	211 LOCATION			
P the	W.	WHILE NOT WHILE THE AT WORK	(AT HOME STREET, FACTORY OFF	FICE FARM, ETC)	STREET	CITY OR TOW	COUNTY	STATE
DIV or of or of or of sees os the ealth or		22a I certify that this haspital	ottended the deceased from	om	1/28 1982	, to	3/3 10 82 1	hot-th-(we) lost
TTEN pritol for to of H		sow the deceased alive on above, (1) (we) (did) (did not) v	view the body that denth	9 22 , and	that in (my) (our) opinion	deoth occurred on the dot		
OR A DIRECTOR		226. SIGNATURE) 0 1	A DI	EGREE		22c. DATE S	IGNED
RAL D detact for ED		SOY. X	Gladue	MD	ATTENDING PHYSICIAN	MEDICAL STAFF	AND 3/3	182
HOSPITAL THE BY THE STORE ORTANT:		22d PHYSICIANO NAME (TYPE ORPI	RINT)	H 2 1 1 1 1	22e ADDRESS			
TO HOSPITAL (cetoined by the TO FUNERAL Is should be detoined with the Store IMPORTANT; If								
	730	BURIAL, CREMATION, REMOVAL		736 NAME OF CE	METERY OR CREMATORY	23d LOCATION	U d connix (STATE
903 BP	24 FI	VOUNTAC UNERAL DIRECTOR	3/6/82	Church	Cenn,	TE REC'D BY REGISTRARIZ	56 REGISTRATS SIGNATE	A ,
VRA 15, 4)	111	I NAME G. M.	1 1/AL B	55 / H	Are MA	R 5 1982 7	A SIGNAL	Ve Then



STATE OF MARYLAND



24 FUNERAL DIRECTOR Henry W. Jenkins & Sons Co.

4905 York Road Balto., Md.

FOR Item 14,15 #G566 4/2/82 ph STATE OF MAKTLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

250. DATE REC'D. BY REGISTRAR 2505 EGISTRAR'S SIGNATURE

- STATE

DHMH-16 30M 2/80 (VRA 15, 4)

REGISTRAR

TUTH H. DHLVERT WORDNES, 1992 i'- 1, 1-1 A EU L 1 4 ling of the maltiment on the form the Clork maltiners titl alifornia de la companya de la compa CLIVE Under the state of roisc / . rrisc ets te cora utane. Convert, tr. c no. et ste Dr. Horrest R. Freeman, Jr. M.2. 11 J. Eth Jr. Htb., Nats 2111 . die . ci. PARTICULAR SERVICE LITE 'ane W. Jankins & son Co. etal and to the test of the te

STATE REGISTRAR STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

MARCH AGE TIN YEARS LAST BIR

0.				
MONTH	DAY	YEAR	25 HOL	IR
	17	82	11:	25mm
THDAY	IF UNDE	RIYEAR	IF UNDER	24 HR5
	MONTHS	DAYS	HOURS	ANIN.

PECEASED NAME	FIRST	MIDDLE	LAST	20. DATE OF DEATH
JU	ILIA	M	CAMPBELL	MARC
Female		4 RACE White	5. DATE OF BIRTH MONTH June 6, 1905	6 AGE (IN YEARS LAST)
BIRTHPLACE (STATE	OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	9. BALTIMORE CITY

MARRIED NEVER MARRIED WIDOWERXX DIVORCED [

Baltimore Citu (TYPE OF WORK FOR MOST OF WORKING LIFE

Home Maker

MIDDLE

BALTIMORE CITY OR COUNTY OF DEATH

175 KIND OF BUSINESS OR INDUSTRY

CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Baltimore Church Hospital

MIDDLE

13b. COUNTY

SUAL RESIDENCE 11 NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13c CITY OR TOWN Baltimore

13d. INSIDE CITY LIMITS? 15. MOTHER'S MAIDEN NAME

13e STREET ADDRESS 3533 E. Northern Pkwy

Maryland 14 FATHER'S NAME James

Maruland

Hook 160 WAS DECEASED EVER IN U.S. ARMED FORCES? LIE YES GIVE WAR OR DATES

U.S.A.

166 SOCIAL SECURITY NO 213-48-8888

Elizabeth 17 INFORMANT

Beaver ADDRESS Mr Paul M Siemers P.O. Box 5451 Towson Md

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: CARDTOPHI MONARY ARREST MINUTES DUE TO, OR AS A CONSEQUENCE OF DAYS PNFIIMONTA gave rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 100

190 DATE OF OPERATION

CATION

ACUTE DIVERTICULITIES

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED

20a AUTOPSY?

20b. IF YES, WERE FINDINGS LISED IN CERTIFYING CAUSES OF DEATH?

1-20-82 OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)

715. TIME OF INJURY

HOUR A.M. MONTH DAY YEAR

216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2)

21d. INJURY OCCURRED NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from

21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 211 LOCATION

228. ADDRESS

CITY OF TOWN COUNTY 1-12, 19-82, to 3-17, 19-82, that (I) (we)!

saw the deceased alive on_ above, (1) (we) (did) (did not) view 22b. SIGNATURE

ATTENDING PHYSICIAN DIRECTOR PHYSICIAN A 22r. DATE SIGNED

22d PHYSICIAN'S NAME (TYPE OR PRINT) A. J. HELOU

CHURCH HOSPITAL CORPORATION BROADWAY BAI TIMORE

230. BURIAL, CREMATION, REMOVAL (SPECIFBurial

235 DATE 3/22/82

M.D.

23c. NAME OF CEMETERY OR CREMATORY
Deer Park Methodist

Westminster, Maryland

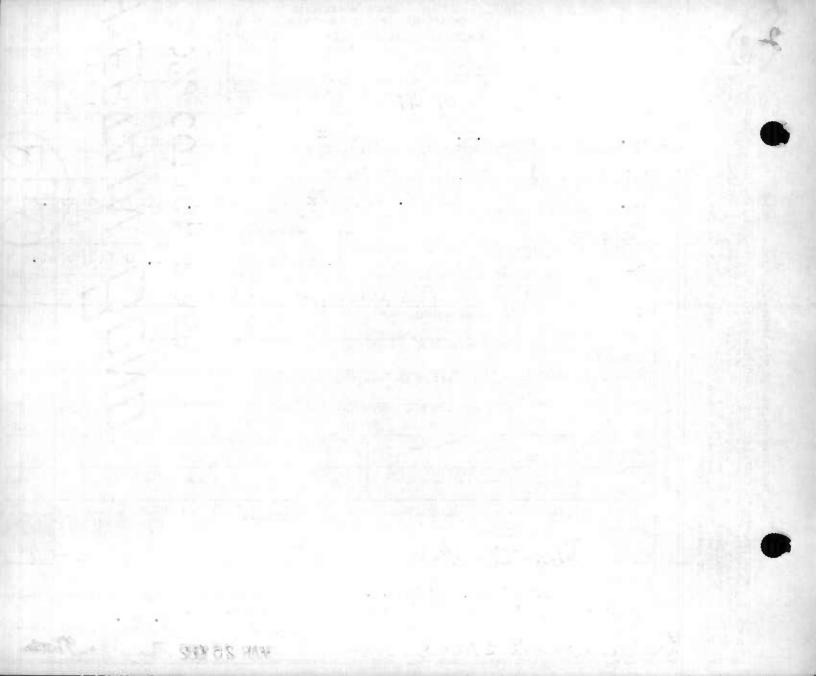
24 FUNERAL DIRECTOR

Leonard J Ruck Inc. Baltimore, Maryland

DHMH-16 50M 1/81 (VRA 15, 4)

d b

/		STATE REGISTRAR CEASED NAME	FIRST	MED	MIDDLE MIDDLE	IER'S C	ERTIFICATE (REG. N		0.70	1
(X)		E OR PRINT)		20 0					TE KNOWN X	3-20-		2b. HOUR
德到	3 SEX		1. RACE NA	THAN aniel	A ACE INIVE	MPBE I	IDER 1 YR. IF UNDE		ATE	MONTH D	19 AY YEAR	2d HOUR
	m	ale	black	MONTH DAY	YEAR HASTBIRTHD	RS. MONTI		MIN PRONO	DUNCED	3-20-		1:30F
<	Zo. BI	RTHPLACE (STA	ATE OR	76. CITIZEN OF WH	AT COUNTRY?	8. MARRI	of the	RIED L	TIMORE CITY	OR COUNTY C		M
2	10. CI	TY OR TOWN C	OF DEATH	11. NAME OF HOSE	PITAL, NURSING HOM	WIDOW E, OR OTH		12a USUAL OC	Ltimore CUPATION (TY		KIND OF BU	MD.
2	D	altimor			Lafavette	AVA	ntie	FOR MOST OF	WORKING LIFE)		OR INDUSTR	Y
	U <u>S</u> U. S	TATE MO.	13b COUNT	ROTHER INSTITUTION, GIVI TY	Lafavette E RESIDENCE BEFORE ADMISSI BALTO	IONI	134 INSIDE CITY LIMITS?	13e STREET AD	DRESS	ayette	Ave.	
	14. FA	THER'S NAME FIRST UNKY	nown	MIDDLE	LAST		15. MOTHER'S MAIL				LAST	
	16a. V (Y	VAS DECEASED ES, NO, OR UNKNOV NO	EVER IN U.S. ARA	AED FORCES? WAR OR DATES)	16b. SOCIAL SECURIT	Y NO.	17. INFORMANT LUCTLLE	Butler	35 S.	Culve	ert St	
SKALL, CALIVATION, OR REMOVAL.	NO	gave rise cause (a): lying caus		(c)	AS A CONSEQUENCE		OŘ CONOITION GIVEN IN P	ART 1 (a).				
7	ICATIO	19s. DATE OF	OPERATION	196 CONDITI	ION FOR WHICH OPER	RATIONW	AS PERFORMED?			20	0. AUTOPSY?	
-	CAL CERTIFICATION	21a. EXTERNAI UNDERLYING CONTRIBUTIN			INJURY MONTH DAY YEAR	21c. HC	OW INJURY OCCURR	ED (ENTER NATURE O	F INJURY IN ITEM 18	PART 1 OR PART 2]	YES 🗌	NXX
	MEDICAL	214 INJURY OF WHILE AT WORK	NOT WHILE AT WORK		FINJURY (AT HOME, DRY, FARM, ETC.)		CATION TREET	спу о	RIOWN	COUNTY		STATE
			that I taak charge	. [7]	ribed abave, held an	Autap:	y . Inspecți	undetermined	′	nd in my apinia	n	
PAGE 4 SHOULD BE FORWARDED TO THE CHIEF TO FUNERAL DIRECTOR; PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BALIJWORE, MARYLAND, 21201 PRIOR TO BURIAI,		ACTUAL SIGNATURE	lois	ent One !	Janell	M.	TITLE (SPECIFY) DAssistan			DATE 3.	-21-82	4



6	1		STATE OF MARYLAND		
	1	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH	0 6 2 1	
page 3	I DE	ECEASED NAME FIRST	MIDDLE LAST 20. DATE OF DEATH	MONTH DAY YEAR 26. HOUR 3 22.82	
fter,	3 SE		4 RACE S. DATE OF BIRTH AGE (IN YEARS LASS BILL AGE) AGE (IN YEARS LASS BILL AGE)	THOAY] # UNITER 1 YEAR # UNITER 24 11 MONTHS DAYS HOURS WA	
the funeral direct within 72 hours a	20 B	HRTHPLACE ISTATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED NOT BALTIMORE CITY	OR COUNTY OF DEATH	
an Ap		BALTO. CITY	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION LIF NOT IN SUCH FACILITY, GIVE STREET ADDRESS. (TYPE OF WORK FOR MOST		
within 24 ho tely filled in should be fill examiner mu	130.	M D 136 COUN	- BALTO YES D NO 14318	E. LOMBARD	
ompletely and 2 sho		FREDERICK	LAST CANARY MADE SET	BLINE LAST	
requires that the death certificate be exe signed by the attending physician and con please remove carbon pagest. Pages 1 to burial, cremation, or removal.		WAS DECEASED EVER IN U.S. AR. (YES, NO OR UNKNOWN) (# YES, GME W LO	MED FORCES? IN SOCIAL SECURITY NO 17 INFORMANT ADDR	RESS	
	Z	Canditions, if any, which gave rise to immediate cause to, stating the underlying cause lost	DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONTRIBUTIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONTRIBUTIONS.	NDITION GIVEN IN PART 1(a)	
V: The law ite has been permit. The liene prior its shows any	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY?	200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO	
SICIAN sysician sertifica transit ital Hyginal Item 18		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	The same of the sa	URY IN ITEM 18, PART 1 OR PART 2)	
NG sndir fter he b and arke	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21r PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 211 LOCATION STREET CITY OR TO		
TOR USe a USe a T Heal		270.1 certify that (1) (this haspital) attended the deceased from 3 20 19 72 to 3 22 19 72 , that (1) (we) I saw the deceased give on 19 70 , and that in (my) (aur) apinian death accurred an the date and hour and from the causes stated above. (1) (we) (did) (did no) we with body after death.			
AL he he car		22b. SIGNATURE	DEGREE ATTENDING MEDICAL STA PHYSICIAN DIRECTOR PHYSI		
TO HOSPITAL retained by the TO FUNERAL should be detacted with the State		224 PHYSICIAN SHAME INFO	Stahl Boltimore Cit	y Hapitel	
BP.		BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL	3/25/82 GARDENS OF FAITH BATT	COUNTY STATE	
DHMH-16 25M	24 F	UNERAL DIRECTOR	ADDRESS 250. DATE REC'D. BY REGISTRAL	R 250. REGISTAAR'S SIGNATUR	

THE STREET STREET STREET STREET WINDS AND AND THE PART OF THE MIDDLE

STATE

1. DECEASED NAME

REGISTRAR

street Saia 504 s. 47th street APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 10 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) COUNTY STATE and that in (my) (our) opinion death occurred on the date and hour and from the causes stated STATE COUNTY Baltimore 3/19/82 Most Holy Redeemer Burial Md 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH - 16 50M 1/76 mundalk avenue Walter Babrowski 1005 (VR A 15 (4))

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

MONTH

2b. HOUR

HOURS

12b. KIND OF BUSINESS OR

theather

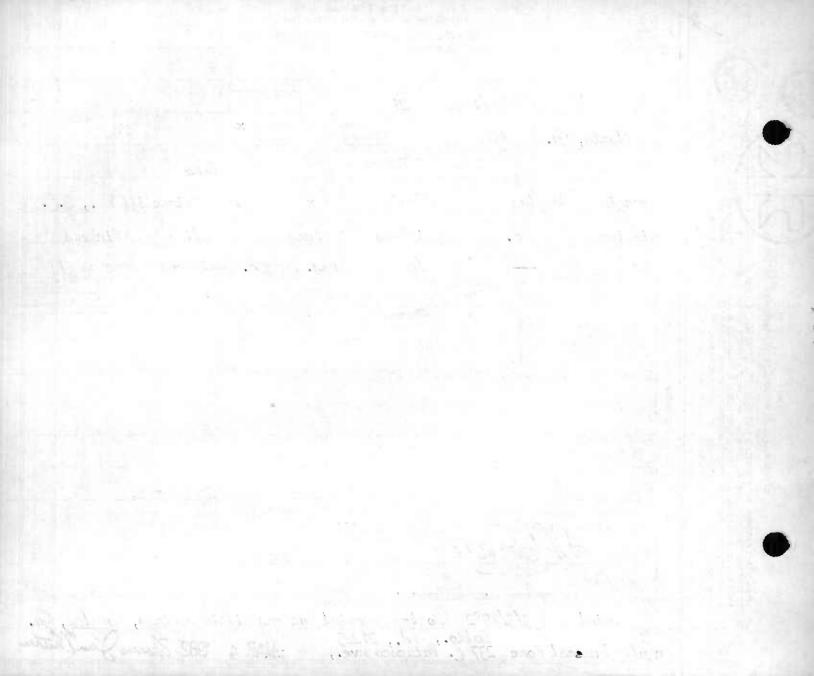
IF UNDER 24 HRS

IF UNDER 1 YEAR

INDUSTRY

DAYS

/o Annex Inches (in all marks of the in-



IMPORTANT: If He

DHMH - 16 50M 1/81 (VRA 15, 4)

STATE OF MARYLAND

FOR STATE REGISTRAR			DEPART		HEALTH AND MENTAL HYD	GIENE C Z	U	5 2	1 3
I. DECEASED NAME (TYPE OR PRINT)	Guad	lalupe	G.		Carlson	20. DATE OF DEATH March	DAY YEAR	2b. HOUR	
3. SEX Female	Female Hispanic			5. DATE O	of Birth ch 8 1896	6 AGE (IN YEARS LAST B		IF UNDER LYEAR	IF UNDER 24 HRS. HOURS MIN.
BIRTHPLACE (STATE MEXICO		Mexico		MARRIE		9 BALTIMORECITY Baltimor	_ Cit		MI
Baltimor	2802 F	osalie A	ve.	OR OTHER INSTITUTION	120 USUAL OCCUPA (TYPE OF WORK FOR MOST Housewif	OF WORKING LIFE		F BUSINESS OF	
130 STATE Maryland	113h COLIN		130 CITY OR TOW Baltime	e admission) N Ore	13d INSIDE CITY LIMITS? YES MO	13e STREET ADDRESS 2802 Ros		ve.	
Unknown		MIODLE	LAST		15. MOTHER'S MAIDEN NA Maria	A.		Guerrer	
160 WAS DECEASED E	VER IN U.S. AR	MED FORCES? E WAR OR DATES)	NONE	PRITY NO.	Mrs. Ana Fari	mer 2802 Ro		Ave.	
18 CAUSE OF D PART I. DEAT	H WAS CAUSE	y one cause per O BY: E CAUSE (0)	acute	My	reacted I	-farctin		BETWEEN O	Land DEATH
Conditions, if gove rise to couse (0), s underlying co	immediate toting the	(b)_	R AS A CONSEQUE	ره داه	ratic CU	b		10	yrs
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OR CONTRIBUTING	CAUSE OF DEA	Ρ.	M. MONTH DA	AY YEAR	21c. HOW INJURY OCCUR	ART 1 OR PART 2)			
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sow the dec	t (I) (the despite on a color of the color o	7-	e deceased from	31,0	nd that in (my) (ppinion	deoth occurred on the o	31, 1 late and hour		hot (I) (lost ouses stated
22b. SIGNATURE					DEGREE			1220 DATES	IGNED

22e ADDRESS

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

22c. DATE SIGNED

Joseph F. LiPira M.D.

1004 Kirkcolm Road Baltimore, Maryland

23a BURIAL, CREMATION, REMOVAL BURIAL 23b. DATE April2,1982 231 NAME OF CEMETERY OR CREMATORY Lakeview Mem. Park

23d LOCATION
CITY OR TOWN
Sykesville

Maryland

24 FUNERAL DIRECTOR

Leonard J. Ruck, Inc. Baltimore, Maryland

250 DATE REC'D

THE RESERVE THE PARTY OF THE SOURCE STATES

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DEGEASED NAME FIRST 20. DATE OF DEATH 4 RACE 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYFAR IE LINIDED TOUR 9. BALTIMORE CITY OR COUNTY OF DEATH DIVORCED [WIDOWED 1. NAME OF HOSPIFAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR FOR MOST OF WORKING LIFE! INDUSTRY IDENCE LIENURSING HOME OF OTHER INS 136 COUNTY 13d. INSIDE CITY LIMITS? NO 4. FATHER NAME MIDDLE MIDDLE WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT ADDRESS (IF YES, GIVE WAR OR DATES) 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c) APPROXIMATE INTERVAL PART I. DEATH WAS CAUSED BY: CARDIO - RESPIRATORY MRREST IMMEDIATE CAUSE (D DUE TO, OR AS A CONSEQUENCE OF ENCEPHALOPATHY ANOXIC Conditions, if ony, which gave rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost EPIL EPTICUS PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to ILEAL OBSTRUCTION PROXIMAL 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20h IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION (AT HOME STREET, FACTORY OFFICE, FARM ETC.) CITY OR TOWN COUNTY STATE WHILE NOT WHILE 220.1 certify that the this haspital attended the deceased from. sow the deceased alive on 3 3 5 and that in (and four pinion death occurred on the date and hour and from the causes stated DEGREE ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS MPORT SECOURS 230 BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 236 DATE DHMH - 16 50M 1/B1 (VRA 15, 4)

STATE OF MARYLAND

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HY

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		REG. N						
2a.	DATE OF	DEATH	MONTH	DAY	YE	AR	lb. HOUR	
/	Mar	ch 8	, 198	2		1	- 1	

		REGISTRAR		CERTIF	ICATE OF	DEATH	REG. N	0				
		CEASED NAME FIRST Davi	d L.	CAR	OLINA		20. DATE OF DEATH March 8	MONTH D	DAY YEAR	2b. HOUR		
	3 SE	x Male	4. RACE Black	5 DATE (06 ^{EAR}	6 AGE (IN YEARS LAST BH		IF UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.		
7		S.C.	76 CITIZEN OF WHAT COUNTRY USA		_	MARRIED	9 BALTIMORE CITY OR COUNTY OF DEATH Baltimore City					
	E	altimore	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STREE) 11 West 20th	Stree			12a USUAL OCCUPAT (TYPE OF WORK FOR MOST (OF BUSINESS OR		
1	USU. 13a S	AL RESIDENCE (IF NURSING HOME O	ROTHER INSTITUTION GIVE RESIDENCE BEFO NTY 136. CITY OR TO Baltime	WN	13d. INSIDE	CITY LIMITS?	13e. STREET ADDRESS 11 W. 2					
-		ATHER'S NAME Jule	MIDDLE Carolin	na	15 MOTHER	S MAIDEN NAME Ellen	WE		LAS	iT .		
		VAS DECEASED EVER IN U.S. AF YES, NO OR UNKNOWN] (IF YES, GT	VE WAR OR DATES)		Haze.		ace 915 P		lvania	a Ave.		
	N	Conditions, it ony, which gove rise to immediate couse (o), stating the underlying couse lost	DUE TO, OR AS A CONSEON (b) Congest DUE TO, OR AS A CONSEON (c) Hypertel CONDITIONS CONTRIBUTING TO	ilure			N IN PART 11c	01				
	CERTIFICATION	198 DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATIO	N WAS PERFO	DRMED	200 AUTOPSY? 200. IF YES, WERE FINDINGS USET IN CERTIFYING CAUSES OF DEAT YES NO PORTION					
	MEDICAL CE	21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE. (IF EITHER NOTIFY MEDICAL EXAMINE) 21d INJURY OCCURRED WHILE OT WHILE AT WORK AT WORK	ONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 NJURY OCCURRED 21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY									
		220.1 certify that the this haspe	september 22 19 19 19 19 19 19 19 19 19 19 19 19 19		DEGREE	ATTENDING	to Septem	ote and hour	ond from the			
		John R. Bar	tholomew, M.D.		22e. ADDRE	SS		spital				

IMPORTANT: If Item 21 DHMH - 16 50M 1/B1 (VRA 15, 4)

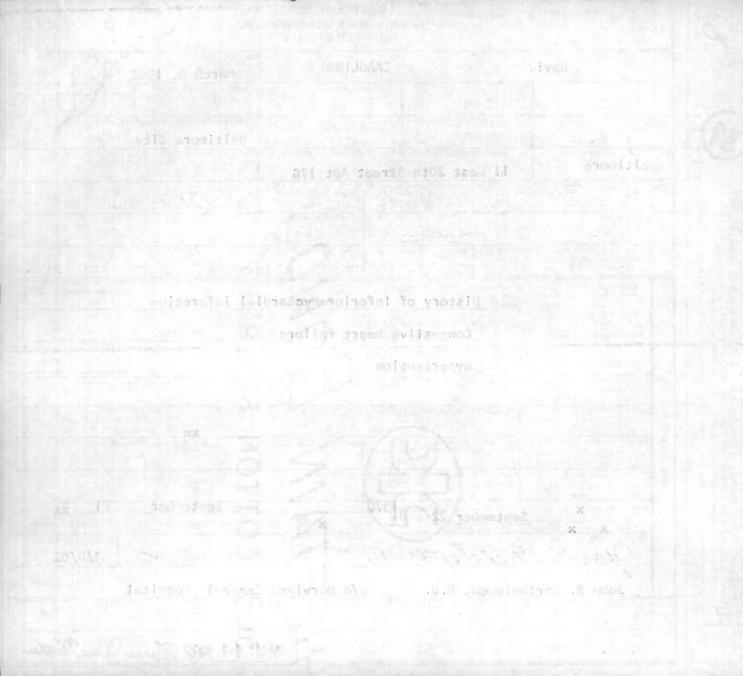
230. BURIAL, CREMATION, REMOVAL (SPECIFY) 3/13/82 Burial

23c. NAME OF CEMETERY OR CREMATORY Mt. Auburn Cem.

Baltimore

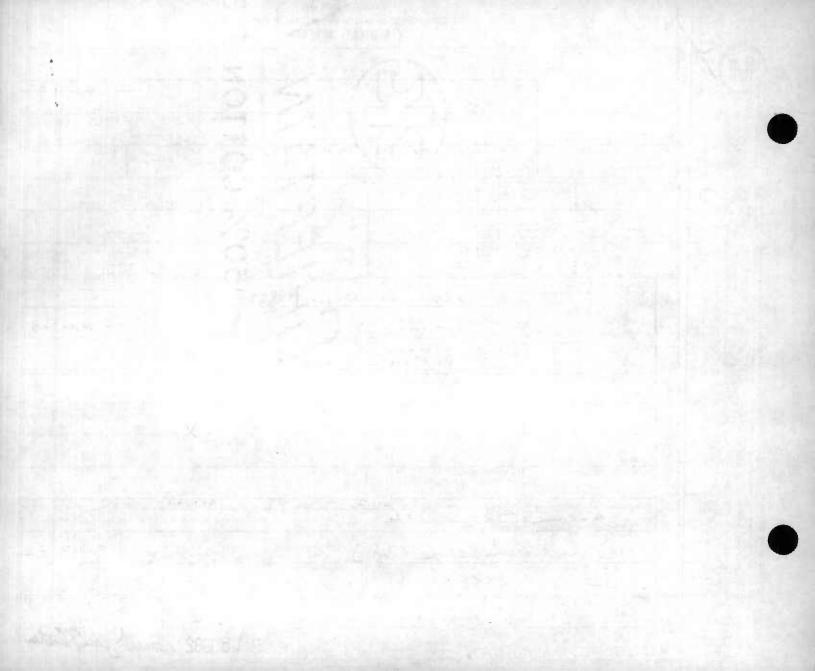
MDTE

C. March F/H 1101 ADES. North Ave. 250 DATE REC'D. BY REGISTRAR 256. REGISTRAP SIGNATURE MAR 1 1 1982



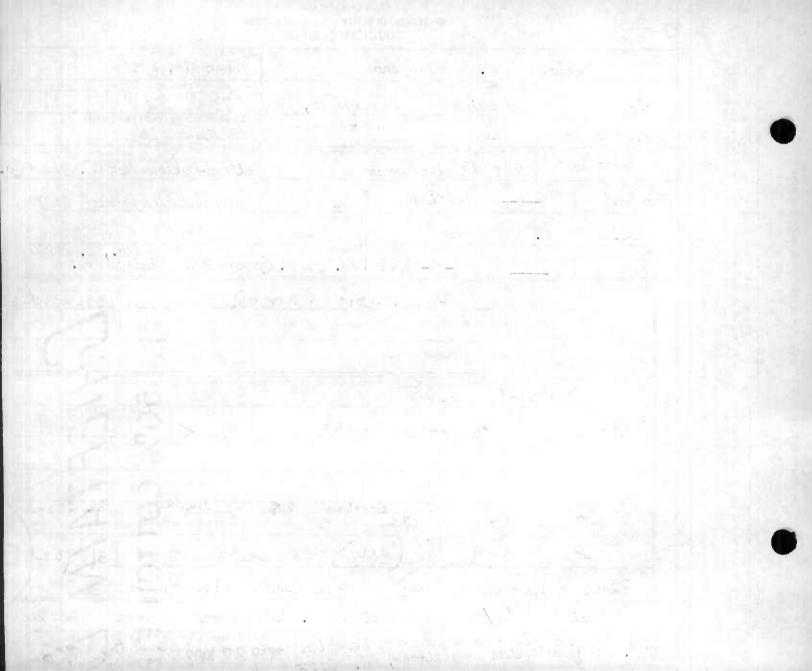
- STATE

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE



FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR LAST 20. DATE OF DEATH MONTH I. DECEASED NAME March 18, 1982 TYPE OR PRINTI harles annow 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR 4 RACE 5. DATE OF BIRTH IF UNDER 24 HRS 3. SEX ebruary 18. DAYS HOURS Male aucasian **BALTIMORE CITY OR COUNTY OF DEATH** To BIRTHPLACE ISTATE OF FOREIGN TO CITIZEN OF WHAT COUNTRY? MARRIED MEVER MARRIED Baltimore enrisulvania DIVORCED [WIDOWED 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR 10 CITY OR TOWN OF DEATH (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Baltimone Retired-Boilermaker Md. Whistler Avenue USUAL RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 130 STREET ADDRESS 2041 Whistlen Avenue 21230 130 STATE 136 COUNTY Baltimore 13d INSIDE CITY LIMITS? Maryland NO F 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE FIRST harles Hones arrow 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT IYES, NO OR UNKNOWN) I IF YES, GIVE WAR OR DATES) Mrs. Ina M. Farrow 2041 Whistlen Ave. 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY CANCER 31/2 MOUNT DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) DIABETES CERTIFICATION COPI 20b. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 19a. DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? 1182 CANCET PAncreatic NO YES [NO [21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 21d. INJURY OCCURRED 21e PLACE OF INJURY 21f. LOCATION ō COUNTY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN STATE NOT WHILE WHILE March October 22a.l certify that (1) this hospital) attended the deceased from, \$2, and that in (my)(our) opinion death occurred on the date and hour and from the causes stated sow the deceased alive an abave, (1) (we) (did) (aid no)) view the body after death DEGREE 22b. SIGNATURE 22c. DATE SIGNED ATTENDING PHYSICIAN PORECTOR PHYSICIAN MPORTANT: TO FUNERA should be do with the Stat 22e. ADDRESS 22d PHYSICIAN'S NAME LTYPE OF PRINTI 231. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL Howard Meadownidge Mem. Park DSRSey Marilland Baltimore of Brooklyn DHMH - 16 25M Patapsco Averue (VR A 15 (4)) 9/74

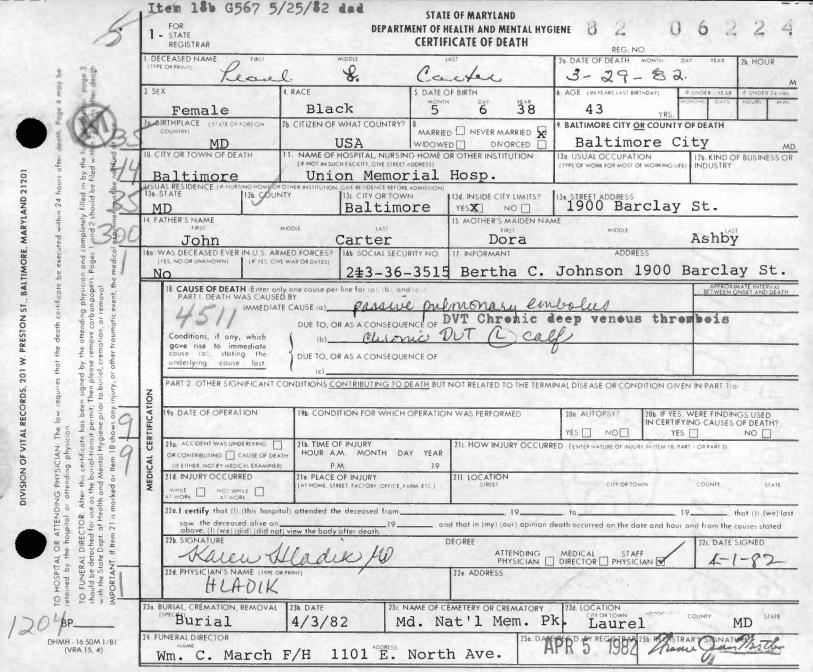
STATE OF MARYLAND



	1	FOR STATE REGISTRAR		DE	PARTM	ENT OF HEA	OF MARYLAND LITH AND MEN ATE OF DEA	NTAL HYGI	IENE 8	REG. NO.	0	6 2	2 3
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meral to 7 mg		IRTHPLACE STATE OR FO COUNTRY) ARYLAND	REIGN 1	USA	NTRY?	MARRIED WIDOWED	NEVER MAR		9. BALTIMORE BALT		COUNTY O		MD.
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MARYL mpletely and 2 sh	14 F.	ATHER'S NAME FIRST	M	NIDDLE LA	AST	1	MOTHER'S M.	AIDEN NAM	AE .	MIDDLE		ARTER	it
RE, I		VAS DECEASED EVER IN			t SECUR	ITY NO. 1	INFORMANT			ADDRESS		111(11)	
Pogg.		YES, NO OR UNKNOWN)	(IF YES, GIVE	WAR OR DATES)		101	ALFRI	EDA C	ARTER	SAME	E AS	ABOVE	2
1 W. PRESTON ST., BA		PART I. DEATH WA	S CAUSED AMEDIATE which diote	DUE TO, OR AS A CON DUE TO, OR AS A CON DUE TO, OR AS A CON	ISEQUEN ISEQUEN	LMON NCE OF P	REMA	ARKI	174			BETWEEN C	MATE (NTERVAL ONSEL AND DEATH
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SION OF VII PHYSICIAN: this certifical the buriol-tron and Mentol Hy d or Item 18:	MEDICAL CE	21a. ACCIDENT WAS UNDER OR CONTRIBUTING CAI (IF EITHER NOTIFY MEDICA	JSE OF DEAT	HOUR A.M. MONT P.M.	H DAY	YEAR 19	te HOW INJUR	RY OCCURR	ED (ENTERNATU	E OF INJURY IF	N ITEM 18 PART	I OR PART 2)	
DIVISION OF VIT	MED	214 INJURY OCCURRE WHILE NOT WHILE AT WORK AL WORK		21e PLACE OF INJURY (AT HOME STREET, FACTORY, (RM, ETC }	16 LOCATION STREET			CITY OR TOWN	4	COUNTY	STATE
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TAL OR y the ho RAL DIRE detochec hate Dept	1000	226. SIGNATURE	Le		MI)	PHY	NDING SICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAI	nd-	22c. DATE	SIGNED 4/82
TO HOSPITAL		226. PHYSICIAN'S NAM	_	HON WET	TER		2e ADDRESS	125	145	KAN	s 1.	tospin	inl
600		BURIAL, CREMATION, RE	MOVAL	23b DATE	4 1 1 1	AME OF CEA	ETERY OR CRE	MATORY	23d LOCATI		c	OUNTY	STATE
DO BP	24.5	CREMATION		03/10/82		JE	H	Var. 6 :==	600 1				217205
DHMH - 16 50M 1/B1 (VRA 15, 4)	24	UNERAL DIRECTOR		ADE	DRESS			MA	REC'D. BY REC	5 C	REGISTRA	SIGNAT	URE

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	1			STATE	OF MARYLAND		
-	1.	FOR STATE	DEPART		ALTH AND MENTAL H	YGIENE 8 2	0 6 2 2 5
-	Ŀ	REGISTRAR		CERTIFIC	CATE OF DEATH	REG. NO.	
		CEASED NAME E OR PRINT)	MIDDLE 16	2-05	Sr	. 20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
	Ro	oyston (Lyn)) B. ((HILL	C(4)Carte	r 3.	-22-8U \$20m
	3 SE	x O	4 RACE	5 DATE OF		6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER TYEAR IF UNDER HRS
		Male	Black	NONTH 8	22 06	75 YR	and and
0-		IRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	8 MARRIED	NEVER MARRIED	9 BALTIMORE CITY OR COUN	ITY OF DEATH
\$_ 5		VA	USA	WIDOWED	DIVORCED [Dell-deserve	City MD
311		ITY OR TOWN OF DEATH	 NAME OF HOSPITAL, NURSIN HENOT IN SUCH FACILITY, GIVE STREET. 		OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	126. KIND OF BUSINESS OR
37		Baltimore	Bon Secour I		tal		
50	13a.	AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN	OTHER INSTITUTION GIVE RESIDENCE BEFORE		34 INSIDE CITY LIMITS?	13e STREET ADDRESS	3 65
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*		4	H. Carter		Mary		h Crosbley
medico		VAS DECEASED EVER IN U.S. AR. YES, NO OR UNKNOWN) [IF YES, GIV	F WAR OR DATES		7 INFORMANT	ADDRESS	
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t, ti		18. CAUSE OF DEATH (Enter an PART I. DEATH WAS CAUSE	by one cause per line for (a).	A ()	10	1+	BETWEEN ONST AND DEATH
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troum		Canditions, if any, which gave rise to immediate	(b)	01)	5 GH.	• •	- Jacob
orother		couse (0), stating the underlying cause last	DUE TO, OR AS A SONSEQUE		20.4 51.0	in to Charine	DOI A TEKIN
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jury	Z	PART 2 OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTING TO D	EATH BUT N	OT RELATED TO THE TER	rminal disease or condition (GIVEN IN PART 110
n A	ERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION	WAS PERFORMED	20a AUTOPSY? 20b IF	YES, WERE FINDINGS USED
5m	IFIC					YES NOT	PTIFYING CAUSES OF DEATH?
8 sh	CERI	21a ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		21c. HOW INJURY OCCU	JRRED (ENTER NATURE OF INJURY IN ITEM	
E9 :		OR CONTRIBUTING CAUSE OF DEA	WH.	Y YEAR			
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rked	×	WHILE NOT WHILE AT WORK	AT HOME STREET, FACTORY OFFICE, FA	IRM, ETC)	STREET	CITY OR TOWN	COUNTY STATE
s mark			tol) attended the deceased from	12-0	19.81	10 13 DV	, 19 that (I) (we) last
21 :		sow the deceased olive on abave, (1) (we) (did) (did no	1 year the body after death	ond,	that in (my) (aur) apinio	on death accurred an the date and t	nour and from the causes stated
Hem		226. SIGNATURE		DE	GREE		221 DATE SIGNED
II. If		W 10m	un huy		ATTENDING PHYSICIAN	MEDICAL STAFF	3/22/80
IAM		224. PHYSICIAN'S NAME (TYPE O	A	0 1	77e ADDRESS	01	0 01
ő	1	MARKERAN	OF, BUILD	NUVE	19/00 41	Wath st	Wellow 4 Dal 22

23c NAME OF CEMETERY OR CREMATORY

King Mem. Pk.

Wm. C. March F/H 1101 E. North Ave.

23b. DATE 3/27/82

230 BURIAL, CREMATION, REMOVAL (SPECIFY Burial

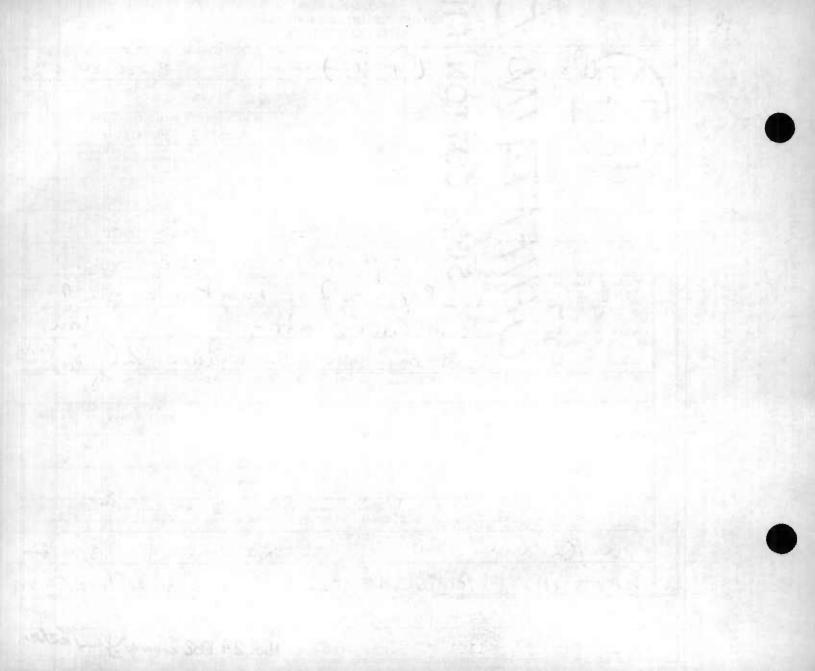
ATORY 23d LOCATION CITY Baltimore Co. MD

250 DATE REC'D. BY REGISTRAR 25h SEGISTRA

MAR 24 1982 CHANGE

MAR 25 1982 CHANGE

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO 20. DATE KNOWN . DECEASED NAME 2b HOUR (TYPE OR PRINT) OF ESTI-3-25-82 DEATH MATED CARTER 3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR IF UNDER 24 HRS 2c. DATE MONTH 59 VPS PRONOUNCED 22 male black 14 DEAD 3-25-829 Ja. BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED X FOREIGN COUNTRY MD USA WIDOWED [DIVORCED Baltimore City 3. GIVE PAGES 1, 2, AND 3 TO THE FULL WITH FORM PM 3. RETAIN PAGE 5. T. PAGES 1 AND 2 SHOULD BE FILED DIVISION OF VITAL PECORDS, 201 W; 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS FOR MOST OF WORKING LIFE) HE NOT IN SUCH EACILITY GIVE STREET ADDRESS) OR INDUSTRY Baltimore 1023 W. Lanvale USUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS 136 COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS MD Baltimore NO [1023 W. Lanvale St 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME GES 1, 2 M PM 3 MIDDLE LAST MIDDLE LAST William Carter Gertrude Dorsey 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 424 W. 166 SOCIAL SECURITY NO YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 110 St. 217-16-5464 Charles Dorsey Yes 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). APPROXIMATE INTERVAL SAL EXAMINER ALONG W BURIAL - TRANSIT PERMIT. BETWEEN ONSET AND DEATH PARTIDEATH WAS CAUSED BY: ED AS A BURIAL - TRANSIT PERMI HEALTH AND MENTAL HYGIENE, IL, CREMATION, OR REMOVAL. Arteriosclerotic cardiovascular disease IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. MEDICAL PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IO CERTIFICATION USED AS 19n DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? DEPARTMENT OF PRIOR TO BURI YES [NOXX BE TO MEDICAL EXAMINER: THIS CERTIFICATE SI EXECUTE THE CERTIFICATE, WRITING THE WO PAGE 4 SHOULD BE FORWARDED TO THE C TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE AFTER DEATH, WITH THE STATE DEPARTIMENT BALLIMORE, MARYLAND, 21201 PRIQR TO BU 21g EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY OR YEAR Town the second second second UNDERLYING CONTRIBUTING CAUSE OF DEATH P.M 21e PLACE OF INJURY (AT HOME. 21d. INJURY OCCURRED 211. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK Inspection X 22a I certify that I took charge of the remains described above, held an Autopsy Inquiry and in my apinian death resulted fram: Natural causes Suicide Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL ssistant DATE 3-26-82 SIGNATURE EXAMINER'S NAME ADDRESS 111 Penn Street (TYPE OR PRINT) Margarita A Korell M.D. 230 BURIAL, CREMATION, REMOVAL 236, DATE 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY STATE Burial 2/82 BP Veteran Cem Crownsville MD ' 24 FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR **DHMH-17** ADDRESS APR (VR A15 ME (5)) March F/H 1101 E. North Ave. 15M 2/80

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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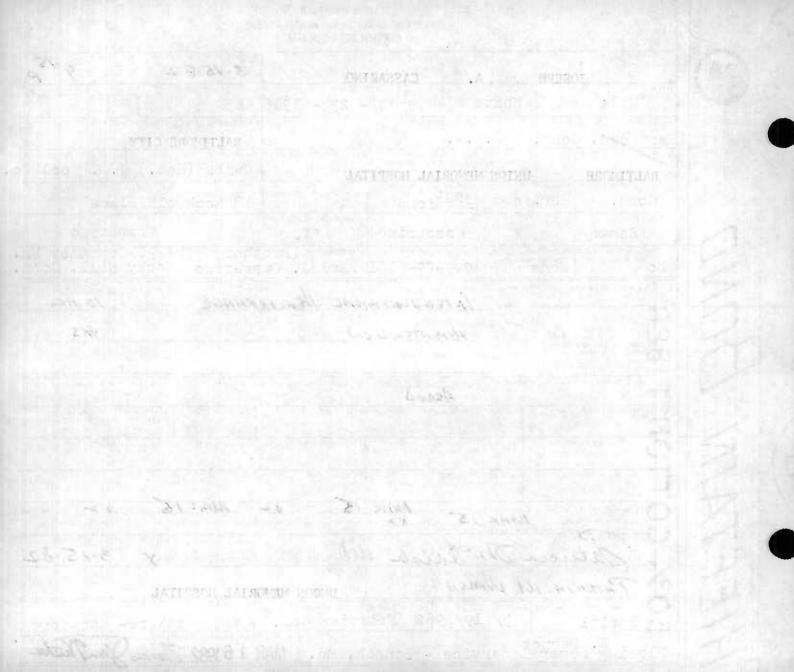
2	1	FOR - STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 3 2 0 6 2 2 / CERTIFICATE OF DEATH REG. NO.									
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1	3 SE	Male	White	5 DATE C		6. AGE (IN YEARS LAST BII	YRS.		UNDER 24 HRS			
\$15	На	estate or foreign country) rtford, Conn	76 CITIZEN OF WHAT COUNTRY? U.S.A.	WIDOWE		DIVORCED BALTIMORE CITY						
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) X / C	14 F	Santo	Cassar Cassar	rino	Mary	MIDOLE	La	mbardo				
S medicol		WAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (15 YES, GIV O NON			Paul J. Ca		Rocky	Courtne Hill,	ey Dr. Conn.			
ry, or other troumatic event,		PART 2. OTHER SIGNIFICANT (C	APPROXIMATI BETWEEN ONSE / D H V/RS									
olui Á	40E	190 DATE OF OPERATION	ASULA 19b. CONDITION FOR WHICH	Lea MIXORSV2	Toni in vinc. Iv	TERE SHARE IN THE						
9	CERTIFICATION	DATE OF OFERATION	LIND. CONDITION FOR WHICH	N WAS PERFORMED	YES NO	IN CERTIFYIN	VERE FINDINGS NG CAUSES OF	DEATH?				
Hem 18 sh		21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MONTH DA	AY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJU	1 OR PART 2)					
morked or	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC }	211 LOCATION STREET	CITY OR TO	wn	COUNTY	STATE			
MPORTANT: If them 21 is mo		saw the deceosed alive an above. (I) the (did) (did no 27b. SIGNATURE ALLICA 27d. PHYSICIAN'S NAME (TYPE O	a Th. Hals	82.01	d that in (my) (our) opinion do DEGREE WAR ATTENDING PHYSICIAN 22e ADDRESS	MEDICAL STA	FF CIAN X	that from the cous	NED			
₹	23a I	BURIAL, CREMATION, REMOVAL	23b. DATE 23c N	NAME OF C	EMETERY OR CREMATORY	ORIAL HOSPI	IAL					
-	24	Burial	3/ 19/1982	Fai	rview Cem.	West Har		- Hart	ford			

BP.

DHMH - 16 50M 1/81 (VRA 15, 4)

Barnes Funeral Service Benson, Md.

6 1982



3			FOR STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 3 2 0 6 2 2 3 CERTIFICATE OF DEATH REG. NO.								
(0.78)			CEASED NAME FIRST OR PRINT)	WIDDLE		LAST	20 DATE OF DEATH MONTH	OF YEAR 26. HOUR				
ENGS)	-	2 661	HEFYE				March 05,1	409 11 W				
	40	3. SE	Fedale	White	S. DATE O	DE BIRTH DAY YEAR 99	6 AGE (IN YEARS LAST BIRTHDAY) 1 FUNDER 1 YEAR IF UNDER 1 YEA					
neral maral m 72 les	35		RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTR	Y? 8. MARRIE WIDOW	ED NEVER MARRIED	BALTIMORE CITY OR COUNTY BALTIMORE CITY	Y OF DEATH MD.				
her dec within	1,1		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	SING HOME		12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LI	126. KIND OF BUSINESS OR				
by th	14		CITY Balto.	THE UNION ME		HOSPITAL	Retired	Charwoman				
24 hou filled in ould be	35	An	ALRESIDENCE (IF NURSING HOME OF TATE 136 COURT	ROTHER INSTITUTION GIVE RESIDENCE BEF NTY 136 CITY OR TO Limore Dunda	NWN	13d. INSIDE CITY LIMITS? YES NO K	130. STREET ADDRESS 1928 Armco Way					
vithin etely 12 sh		14 FA	THER'S NAME	MIDDLE LAST		15. MOTHER'S MAIDEN NAM	ME	LAST				
ampletel ond 2 st			John	Gohlingh	onst	Johanna		Baker				
e execu n and c Pages	2			MED FORCES? 166 SOCIÁL SE	CURITY NO.	17 INFORMANT	ADDRESS	/// 2/222				
ston of the me			No -	214=30	-0119	William M. (halk 1928 Armod	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
juires that the death certifical signed by the attending phy ten please remove carbon par a burial, cremation, ar remove jury, or other traumatic event)	H860 Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSECTION OF AS	QUENCE OF		INAL DISEASE OR CONDITION GIV	4 days				
ow requ	2	CERTIFICATION	19a. DATE OF OPERATION	196. CONDITION FOR WHIC	CH OPERATIC	N WAS PERFORMED	200 AUTOPSY? 206 IF YES, WERE FINDINGS US IN CERTIFYING CAUSES OF DE					
SICIAN: The Ing physician. certificate has mial-transit peental Hygiene Item 18 shows	9		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCURR	YES NO PYE	S NO				
DING PHYS or attending After this or e as the bur alth and Me		MEDICAL	71d. INJURY OCCURRED WHILE NOT WHILE AT WORK	218 PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE		71f. LOCATION STREET	CITY OR TOWN	COUNTY STATE				
TTENDIN pital ar TOR: Afr for use a of Health				ital) attended the deceased from Urin 05 19	81	nd that in (my) (aur) apinian o	death occurred on the date and have	19 2, that (1) (we) last				
TALOR A Ty the has RAL DIREC detached tate Dept. NT. If Item			776. SIGNATURE	nd Felm	M	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	03.05.62				
TO HOSPITAL retained by the TO FUNERAL should be det with the State MAPORTANT:	7		RICHAT	RT Leboh			emovial Hospi	tal				
(BP	N	(URIAL, CREMATION, REMOVAL SPECIFY) Burial	0 0	Parkwo		Parkville, Bo	ito. (o.Md. STATE				
DHMH-16 30M 2/80 (VRA 15, 4)		24 FL	S.Zeiler & Son	n Inc. 6224 Eas	tenn A	venue MAR	e rec'd, by registrar 24 regis	Jan Karthen				

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TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physical should be detached for use as the burial-transit permit. Then please remove corban paper with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

DHMH - 16 50M 1/B1 (VRA 15, 4)

IMPORTANT: If them 21 is marked or them 18 shaws any

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STATE OF MARYLAND

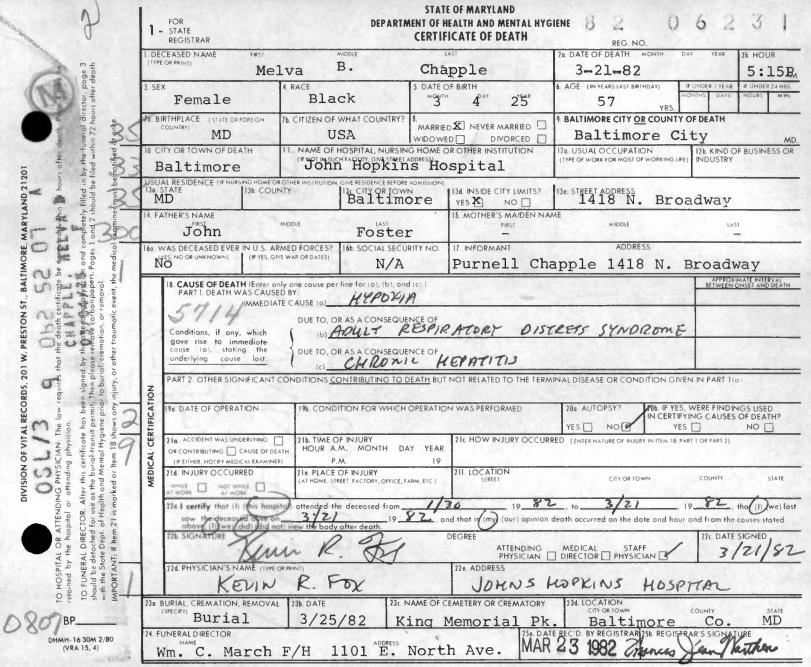
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

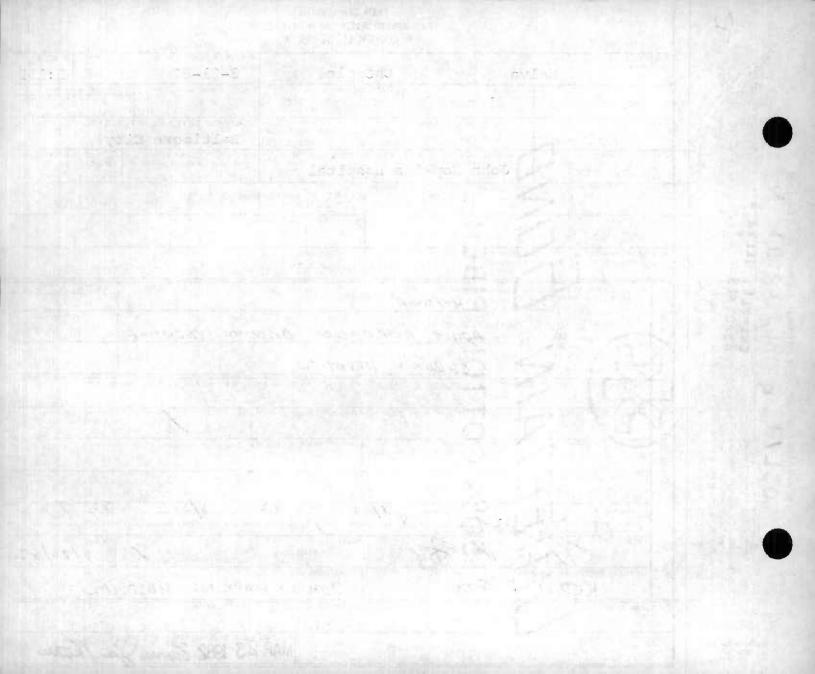
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9	{ TYPE	VINCEN	r	MELVIN	C	HALMERS		3-21-82, 5					OA	
	3. SE	Х	4 RACE		5. DATE C	OF BIRTH		6 AGE (IN	YEARS LAST BIR	THDAY)	IF UNDER I YEAR	IF UNDER	24 HR5	
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5		AL RESIDENCE IN NURSING HOME OR OF TATE 136 COUN ryland Baltin	OTHER INSTITUTION		ADMISSION)	13d INSIDE CIT	IY LIMITS?	13e STREE	T ADDRESS		Blvd.	2122		
-	14 FA	ATHER'S NAME	AIDDLE	LAST		15 MOTHER'S	MAIDEN NA/	ME	MIDDLE	MAG				
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1		WAS DECEASED EVER IN U.S. ARA	MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMAN	JT .		ADDRE	SS	File			
1	(YES, NO OR UNKNOWN) (IF YES, GIVE	WAR OR DATES)	213-05-	213-05-2681 Ella C. Chal					West:	land Bl	vd. 2	1227	
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7		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER)	HOUR A.	M. MONTH DA	Y YEAR	21c. HOW INJ	URY OCCURR	RED (ENTER+		RY IN ITEM 18	PART I OR PART 2)			
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		22a.1 certify that (1) (this hospite saw the deceased alive an above, (1) (we) (did) (did not	2/21	19 8		C nd that in (my) (., 19 <u>82</u> our) opinion o	death occur	red on the do	ote and ha	ur and from the	that (1) (s		
		276 SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN										SIGNED	2	
		22d. PHYSICIAN'S NAME (TYPE ORARINT) 22e ADDRESS 900 Caton Avenue										(
	(Burial, CREMATION, REMOVAL SPECIFY) Burial	3/24/			Park Co	emetery	Be	1 timo		COUNTY	991	TATE d	
		UNERAL DIRECTOR		ADDRESS.	212		25a DATI	E REC'D. BY	RE 1982 R	TO REGIS	IRANS IMAN	RE		
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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME KNOWN X (TYPE OR PRINT) ESTI-EMMA CHASE DEATH MATED 19 82 4. RACE 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS DATE 2d HOUR LAST BIRTHDAY PRONOUNCED :16 1938 1982 23-DEAD RLack Female Bla 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) U.S.A Maryland WIDOWED DIVORCED Baltimore City 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY Domestic FOR MOST OF WORKING LIFE)
Home Maker Baltimore St Baltimore 13b. COUNTY 13d. INSIDE CITY LIMITS? West.Baltimore St. Baltimore City YES Maryland 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE FIRST FIRST Thomas Plater Agnes Roy 17. INFORMANT 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. **ADDRESS** (YES, NO. OR UNKNOWN) 217-34-0429 Mrs. Barbara Campbell, Aquasco Md No APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Congestive heart failure DUE TO, OR AS A CONSEQUENCE OF BURIAL - TRANSIT Conditions, if any, which gave rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 USED AS A B CERTIFICATION Asthma 19a DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? PAGE 4 SHOULD BE FORWARDED TO THE CHIEF
TO FUNRAL DIRECTOR, PAGE 3 SHOULD BE USED
AFTER DEATH, WITH THE STATE DEPARTMENT OF HE
BAILTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, YES | NO X 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. 21f. LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY WHILE NOT WHILE Inspection LX 22a 1 certify that I took charge of the remains described obave, held on Autopsy and in my opinion Notural causes X Accident Hamicide L Undetermined manner TITLE (SPECIFY) **ACTUAL** 4-1-82 Assistant MEDICAL EXAMINER SIGNATURE 111 Penn St., Balto., Md. 21201 EXAMINER'S NAME Ann M. Dixon, M.D. (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 23b. DATE 234. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 1-6-82 Burial Waldorf St. Peters Cath. Ch. Charles 24 FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR 25b, REGISTRAR **DHMH-17** Adams Funeral Home, Aquasco, Md 20608 (VR A15 ME (5) 15M 2/80

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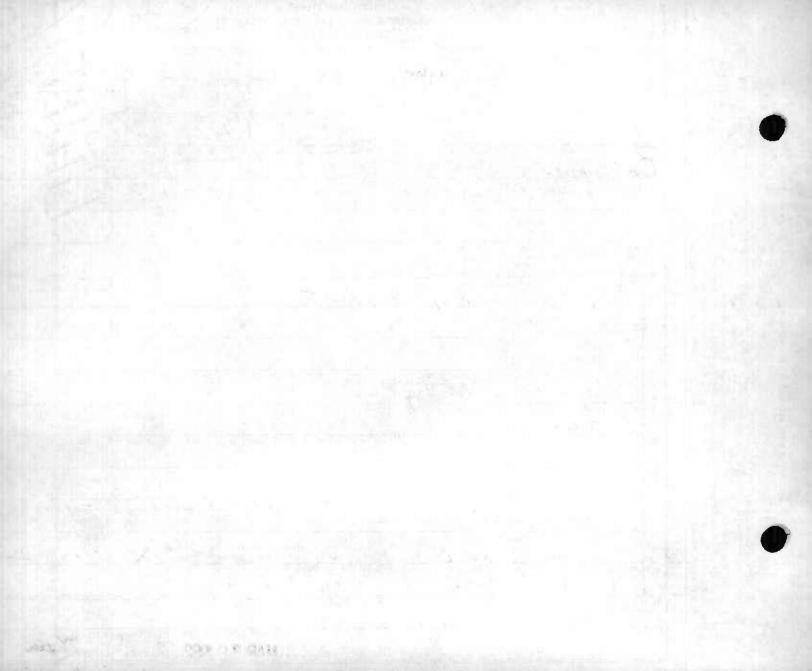
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FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME 2a DATE OF DEATH YEAR 26 HOUR (TYPE OR PRINT) 661 aulor 3 SEX 4 RACE 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) 99AR HOURS Black 1 2 AY 83 Female PARTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED USA MD LTIMORE WIDOWED X DIVORCED OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) IND/USTRY Provident Hospital DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 30 STATE 136 COUNTY 13c. CITY OR TOWN 13e STREET ADDRESS 13d INSIDE CITY LIMITS? MD Baltimore 734 E. Coldspring Lane YES X 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE FIRST MIDDLE John Taylor Ida Ware 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO ADDRESS 17 INFORMANT (YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) No 220-22-1997 Jane Venable 734 E. Coldspring Lane APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per fine for 101, (b), and ic PART I. DEATH WAS CAUSED BY n. wory **IMMEDIATE CAUSE CONSEQUENCE OF Conditions, if ony, which ation gove rise to immediate couse (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying last couse ö part 2. Other significant conditions contributing to death but not related to the terminal disease or condition given in part 1 io CERTIFICATION CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED ă IN CERTIFYING CAUSES OF DEATH? be NO YES NO Mentol Hyg 210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH OR CONTRIBUTING CAUSE OF DEATH DAY YEAR MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) te ŏ 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE WHILE NOT WHILE AT WORK AT WORK 220.1 certify that (1) (this haspital) attended the deceased from Lov 04 sow the deceosed olive on_ and that in (my) (our) apinian death accurred an the date and hour and fram the causes stated obove, (I) (we) (did) (did not) view the bady after death 22k SIGNATURE DEGREE 22c. DATE SIGNED -ATTENDING MEDICAL FUNERAL PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS ld b ŧ 23g. BURIAL, CREMATION, REMOVAL 13c. NAME OF CEMETERY OR CREMATORY 23b. DATE Burial STATE CITY OR TOWN COUNTY 3/30/82 Mt. Auburn Cem. Baltimore MD 24 FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DHMH - 16 60M 1/75 (VRA 15 (4)) MAR 1101 E. North Ave. Wm. C. March F/H

STATE OF MARYLAND



1101 North Ave.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

7b HOUR

12b. KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO IT

STATE

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COUNTY

22¢ DATE SIGNED

IF UNDER 1 YEAR

INDUSTRY

06:00AM

DHMH - 16 50M 1/81

(VRA 15, 4)

- STATE

REGISTRAR

24 FUNERAL DIRECTOR

Wm. C. March F/H

STATE OF MARYLAND

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3631 Falls Rd. 21211

- STATE

MARYLAND 21201

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.

DHMH-16 30M 2/80

(VRA 15, 4)

REGISTRAR

24 FUNERAL DIRECTOR

Burgee Funeral Home

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG NO

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATUR

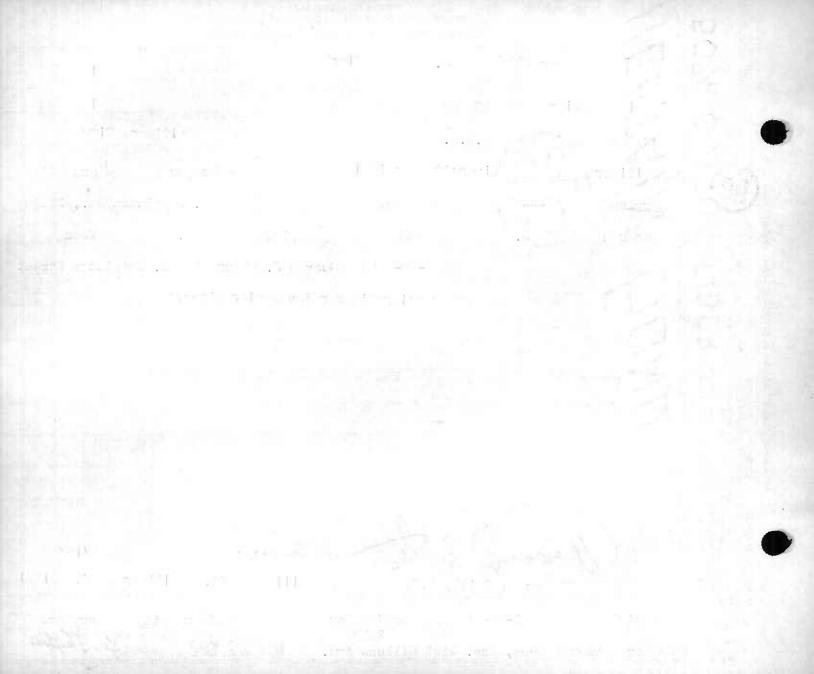
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2 200	(TYP	CEASED NAME FIRST OR PRINT) Bub u	1	Clark	(New bozN)	26 DATE OF DEATH	3 10	82 2 20 N
4 90 0	3. SE	Male	Black	5. DATE O	F BIRTH DAY YEAR 2	6 AGE (IN YEARS LAST BIR	RTHDAY) IF UND MONTHS YRS	DER I YEAR IF UNDER 24 ARS. DAYS HOURS MIN.
35	B	altiture Md.	TO CITIZEN OF WHAT COL	MARRIED WIDOWE	NEVER MARRIED		0 1	EATH MD
· W 38	I	Sal timbre	11. NAME OF HOSPITAL, NOT IN SUCH FACILITY, GIT AIV ELS ()	Dioital	R OTHER INSTITUTION	TYPE OF WORK FOR MOST C		KIND OF BUSINESS OR DUSTRY
MARYLAND 2120 ed within 24 ho impletely filed in lian and 2 should lian common multiplem	M d	AL RESIDENCE (IF NURSING HOME OR ISTATE 13th COUN	OTHER INSTITUTION GIVE RESIDEN	CE BEFORE ADMISSION)	13d. INSIDE CITY LIMITS?	13. STREET ADDRESS	ison Ave	nue 21217
	14. F/	THER'S NAME I	MIDDLE L	AST	15. MOTHER'S MAIDEN N Viette	AME		Clark
BALTIMORE, sate he execu- point Pages and the medical			MED FORCES? 166 SOCIA E WAR OR DATES)	NA A	17 INFORMANT	ADDRE	SS	
PRESTON ST., the death certain the attending pli emove cortains emovion, or teno er traumotic	Z	18 CAUSE OF DEATH Enter onl PART I. DEATH WAS CAUSED IMMEDIATE Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last. PART 2 OTHER SIGNIFICANT C	D BY: E CAUSE (o) DUE TO, OR AS A CON (b) DUE TO, OR AS A CON (c)	NSEQUENCE OF	delivery NOT RELATED TO THE TER	(23 Week gl	station	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
TAL RECOR! The law recicion. The hos been sit permit. If giene prior t	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATION	WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERI IN CERTIFYING (E FINDINGS USED CAUSES OF DEATH? NO
NG PHYSICIAN: The low requires that in other ding physician. After this certificate has been signed by the state this certificate has been signed by the ost the buriol-transit permit. Then please the and Memal Hygiene prior to buriol, are orked or them 18 shows any injury, or other the state of the sta	MEDICAL CE	230. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED WHILE NOT WHILE AT WORK	HOUR A.M. MONT P.M. 21e PLACE OF INJURY (AT HOME STREET FACTORY.	A 19	216. HOW INJURY OCCUI NATION 211 LOCATION STREET NATION	RRED (ENTER NATURE OF INJUIL		R PART 2) DUNTY STATE
ATTENDIN spatol or ICTOR. Aff Afor use o 1. of Health in 21 is mor		22a. Certify that (1) (this hospital sow the deceosed alive on above, (1) (we) (did) (did not	tol) ottended the deceased	from 310	. 19 8			that (1) (we) last
ITAL OR you the hooy the house detoched state Depth MT: If then		226. SIGNATURE Celia	2. Leste	-	ATTENDING PHYSICIAN	MEDICAL STAF	FF	3/10/82
TO HOSPITA retoined by TO FUNERA should be di with the Sto			T. Cerfer de		220 ADDRESS ULIV. E	toppital 2	25. Gres	me St. Balt
40 > BP		URIAL, CREMATION, REMOVAL SPECIFY) Removal	236 DATE 3/18/82	23¢ NAME OF CE	METERY OR CREMATORY	234 LOCATION	coun	01-1
DHMH - 16 50M 1/81 (VRA 15, 4)		INERAL DIRECTOR NAME Anatomy Board	Baltimo	re, md.	250 DA	R 2 6 1982	Trans of	AND POSITE SOFT

	1	FOR STATE REGISTRAR		DEPARTMENT OF	TE OF MARYLAND HEALTH AND MENTAL HY FICATE OF DEATH	6.9 6.4	06239
	1 0	CEASED NAME FIRST	MIDDLE		LAST	REG. NO.	DAY YEAR 126 HOLLR
noy be		EORPRINTI . CLAR		CL	ARK	3	28 82 1130 A M
ctor. po	3. SE	PENALE	1 RACE BLACK			6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
BS		IRTHPLACE (STATE OR FOREIGN COUNTRY) STETSTOWN, Md.	76 CITIZEN OF WHAT	COUNTRY? 8 MARRII WIDOW	ED MEVER MARRIED	BALTIMORE CITY OR COUL	
M38		ALTIMORE			OR OTHER INSTITUTION	128. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN HOUSEWITE	17h KIND OF BUSINESS OR
BS	₩5Û 13a.	AL RESIDENCE (IF NURSING HOME OF STATE 136 COU	ROTHER INSTITUTION GIVE RE			13. STREET ADDRESS Grant	ley Street
1 15 1	14 F.	ATHER'S NAME			15 MOTHER'S MAIDEN NA	AME	
omplet ond		Henry	A.	Madden	Arđela	WIDDLE	Jones
n and c Pages		WAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, G	VE WAR OR DATES!	OCIAL SECURITY NO.	17 INFORMANT	ADDRESS	
ficate be e physician o papers. Po naval. ent, the me		YES NO OR UNKNOWN) (IF YES. G	21	9-20-6649	Mrs. Anna M.	Johnson Balt	o. Md. 21229 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
equires that the death ce n signed by the attending Then please remove carb r to burial, cremetitan, or r injury, or other traumatic	Z	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A	CONSEQUENCE OF	T NOT RELATED TO THE TER/	winal disease or condition	GIVEN IN PART TO
no. no been permit. T ne prior i ws any in	CERTIFICATION	BIODSY 3/19/		FOR WHICH OPERATION	ON WAS PERFORMED	_ IN CE	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH?
SICIAN: The long physician. certificate has ririal-transit per ental Hygienel them 18 shows.		210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [CAUSE OF DE	21b. TIME OF INJU HOUR A.M. M		21c. HOW INJURY OCCUP	RRED (ENTER NATURE OF INJURY IN ITEM	YES NO 18 PART OR PART 2}
ING PHYSICI r attending F (fer this cert) as the burial th and Menta	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJ		21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
ATTENDIN spital or CTOR: Af for use o I for use o of Health		22a I certify that (1) (this hasp saw the deceased alive a abave, (1) (we) (did) (did n	3 126	19 82	and that in (my) (aur) apinian	death accurred an the date and	haur and from the causes stated
y the hory the hory the hord DIRE detoched tote Dept		276. SIGNATURE THE	gan 1	M	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	226. DATE SIGNED 3 28 82
retained by the TO FUNERAL should be det with the State		JOHN M	WOGAN.			ARYLAND HUSP.	22 S. GREENE BUT
3BP	C	BURIAL, CREMATION, REMOVA (SPECIFY) remation	Mar. 29,8		cemetery or crematory view Memorial	23d LOCATION CITY OF TOWN Baltimore	
DHMH - 16 50M 1/81 (VRA 15, 4)	24 F	uneral director Elime Funeral	Home Reist	erstown, M	1. 21136 N	AR 30 1982	SISTR R 9 SIGNA / RTT/

101 01 25 10 101 Should referred 01 income and the second s 220-50-00 man M. Wolston W. W. 22039 Comment of the Commen Time investigation interested to the Carlotte and the Car

41	FOR		DI	STA1 PARTMENT OF I	E OF MARYLA		ENE			4
9 1.	- STATE REGISTRAR			ICAL EXAMIN			ER A	U 0	and the same	U
	PECEASED NAME YPE OR PRINT)	George		J.	Clark		20. DATE KNOWN OF ESTI- DEATH MATED		DAY YEAR 18 19 82	2b. HOU
3. SI		RACE S	DATE OF BIRTH	YEAR 6. AGE (IN YEAR LAST BIRTHDA	Y) MONTHS DAYS	IF UNDER 24 HI	RS. 2c. DATE PRONOUNCED DEAD		DAY YEAR 18 1982	24 HOU
3< 70.	BIRTHPLACE (STAT		b. CITIZEN OF WHA	T COUNTRY?	8. MARRIED NE		9. BALTIMORE CITY		OF DEATH	1
Q 10.	laryland		11. NAME OF HOSPI (IF NOT IN SUCH FACIL	TAL, NURSING HOME, ITY, GIVE STREET ADDRESS) SITY HOSPI	OR OTHER INSTITU	JTION 12a	USUAL OCCUPATION (T	YPE OF WORK 12	OR INDUSTR	RY
13a.	STATE	IN NURSING HOME OR O	OTHER INSTITUTION, GIVE	RESIDENCE BEFORE ADMISSIO 13c. CITY OR TOWN	N) 13d. INSIDE (CITY LIMITS? 13e.	ookkeeper STREET ADDRESS		Art Li	
	faryland FATHER'S NAME FIRST		MIDDLE	Baltimore LAST		ER'S MAIDEN NA	MIDDLE		LAST	230
16a.	George Was deceased b (YES, NO, OR UNKNOWN	VER IN U.S. ARME	D FORCES?	Clark 166. SOCIAL SECURITY	NO. 17. INFOR		M. ADDRES	SS	Young	
H	No 18 CAUSE OF I	DEATH (Enter only	ane cause per line fo			ge J, C1		Popple	APPROXIMATE	INTERVAL
	429	H WAS CAUSED E	CAUSE (a) AT	herosciero		ovascula	r disease		BITWEEN ONSE	AND DEATH
-	gave rise	if any, which to immediate ating the under-	(b)	S A CONSEQUENCE O	-					
	lying cause	last.	(c)							
MEDICAL CERTIFICATION				NOT RELATED TO THE TERMI).			
CERTIFICATION	19a. DATE OF O		19b. CONDITIO	ON FOR WHICH OPERA	ITION WAS PERFOR	RMED?			20 AUTOPSY?	мо 🗆
3 IS	210. EXTERNAL OUNDERLYING CONTRIBUTING	_		NJURY MONTH DAY YEAR 19	21c. HOW INJURY	OCCURRED (EN	TER NATURE OF INJURY IN ITEM 1	B PART 1 OR PART 2	2)	8.18
MEDICAL	21d. INJURY OCH WHILE AT WORK		21e PLACE OF STREET, FACTOR	INJURY (AT HOME, y, FARM, ETC.)	21f. LOCATION STREET	NAME.	CITY OR TOWN	COUNT	Υ	STATE
	22a. I certify t		Ch	sed abave, held an	Autopsy X,	Inspection	, Inquiry , c	and in my apini	ian	
	ACTUAL SIGNATURE	Moure	-())	mule	TITLE (S	SPECIFY)	EDICAL EXAMINER	DATE SIGNED.	3/19/82	
2 230.	EXAMINER'S NA (TYPE OR PRINT	<u> </u>	D. Smith		ADDRESS_		n St., Balti	more,	Md. 21	201
	BURIAL, CREMATIC (SPECIFY) Burial		03-22-82	Loude	etery or cremate on Park		LOCATION CITY OR TOWN	county ty M	aryland	TE
	FUNERAL DIRECTO NAME 1bbard Fu		me, Inc.	2 4107 Wilke	1227	250. DATE REC'D	BY REGISTRAR 256 REC	SISTRAN'S SIG	Math	40



	STATE OF MARYLAND
FOR STATE	DEPARTMENT OF HEALTH AND MENTAL HYGI
REGISTRAR	CERTIFICATE OF DEATH

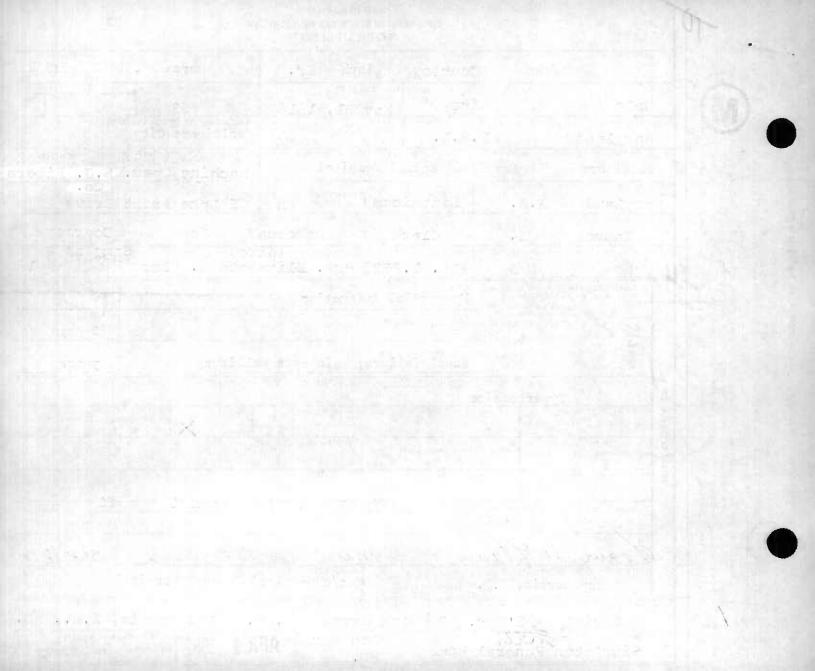
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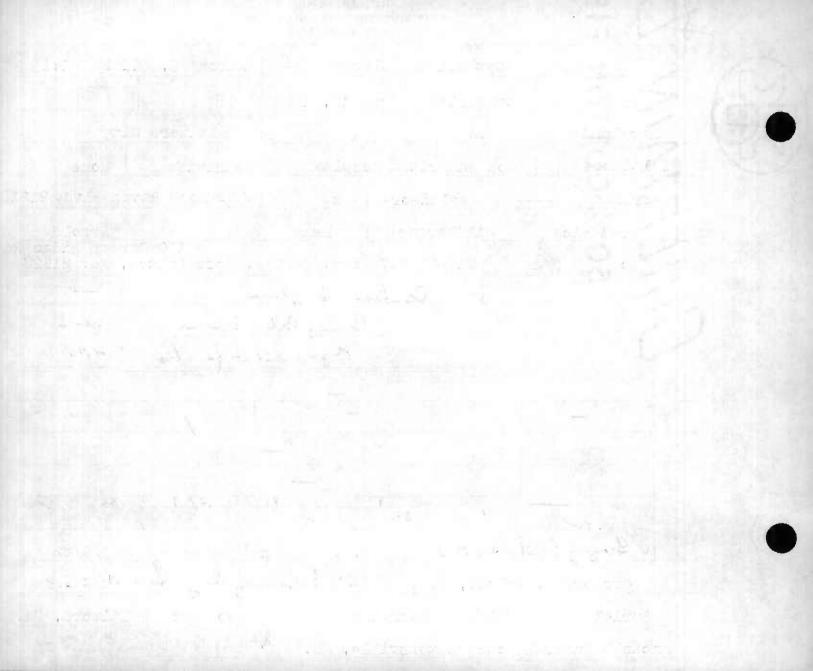
	1 05	CEASED NAME		MIDDLE LAST 20 DATE OF DEATH MONTH DAY										
	(TYPE	CEASED NAME E OR PRINT)	John	n C	Coursey		ark	Sr.		March 29	, 1982	3:55P		
	3. SE	Х		4 RACE		5 DATE C		YEAR	6 AGE INYEA	RS LAST BIRTHDAY)	MONTHS DATE			
		Male		Whi	.te		31,	1918	1.11	63 YRS		HOURS MIN		
-	10 BI	RTHPLACE (STATE OR FO	OREIGN		WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 BALTIMORE CITY OR COU									
1		Maryland		U.	S.A.	WIDOWE		DIVORCED [Baltı	Baltimore City				
8		Baltimore		Maryla	ospital, nursin factity Give street and Gener	al Ho				CCUPATION Report No.		AGTEMA		
5	130 S M	aryland	NI COUN	OTHER INSTITUTION, TY A •	GIVE RESIDENCE BEFORE 131 CITY OR TOW Linthi	N	134 INSIDE	CITY LIMITS?	13e STREET AU 5 La		nt Dri	nt Drive		
d	14 FA	ATHER'S NAME FIRST		AIDDLE	LAST	100		R'S MAIDEN NA		MADDIE				
	2	Samuel		I.	Clar	ck		Rébecca	\mathbf{a}	Anh	Cou	rsey		
1		VAS DECEASED EVER I		MED FORCES?	166 SOCIAL SECU		17 INFOR		ife)	ADDRESS	Same	as #		
art.		NO		V/A	219.01.	8325	Mrs	. Eliza	abeth 1	E. Clark	k	13		
	18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: Myocardial Infarction											hour days ars		
		PART 2 OTHER SIGN	IFICANT C	ONDITIONS CO	NTRIBUTING TO D	EATH BUT	NOT RELAT	ED TO THE TERM	INAL DISEASE	OR CONDITION G	IVEN IN PART 1	(a)		
	ON N		Нуре:	rtension	n									
2	CERTIFICATION	19a DATE OF OPERAT	ION	196 CONDI	ION FOR WHICH	on for which operation was performed				IN CERT	ES, WERE FIND IFYING CAUSE YES []	INGS USED S OF DEATH? NO		
1	EDICAL CER	210. ACCIDENT WAS UNDE OR CONTRIBUTING C. (IF EITHER NOTIFY MEDIC	AUSE OF DE AT	n	A. MONTH DA	Y YEAR	21c. HOW	INJURY OCCUR	RED (ENTER NATU	RE OF INJURY IN ITEM TB	PART T OR PART 2)			
8	MEDI	21d. INJURY OCCURRI		21e PLACE C	OF INJURY ET, FACTORY, OFFICE, FA	ARM, ETC)	211 LOCA STR			CITY OR TOWN	COUNTY	STATE		
		220. I certify that (K) (sow the decease above, (K) (we) (di	this hospite	March	29 19	March 82,00		19 82 (our) opinion	, taMan	on the date and ha	, 19 82 our and from the	that (X (we) last		
	1	Dawy	Me	Han	4	chi	DEGREE NO	ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAN D	3/10 DATE	29/82		
		224 PHYSICIANIS NA Harry		s, M.D.			27e AĎDR C/O		nd Gener	al Hospi	tal	1		
	230 B	BURIAL, CREMATION, R	REMOVAL	236 DATE				RCREMATORY	23d LOCATI		• COUNTY	Stau-		
		Buria.	1	2'Apr	82 G	len H	laven	Mem.P	k G1	en Burn	ie, A.	A., MD.		
	24 FU	Singlet	on Fi	uneral	Home	G1e MI	en Bu	rnië	R 1 BY REC	182 Ray	STRANSPICALS	March .		

MD.

DHMH - 16 50M 1/B1 (VRA 15, 4)

IMPORTANT: If Item 21 is marked ar Item 18 shaws an





DEPARTMENT OF HEALTH AND MENTAL HYGIENE

STATE OF MARYLAND CERTIFICATE OF DEATH REG. NO 20. DATE OF DEATH MONTH DAY YEAR 2b HOUR Larke March 6. AGE (IN YEARS LAST BIRTHOAY) IF UNDER I YEAR IF UNDER 24 HRS

DECEASED NAME FIRST THE OF PRINTS Gerald RACE 1 SEX White Male I BIRTHPLACE I STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY?

5. DATE OF BIRTH

WIDOWED

April 2, 1909

9. BALTIMORE CITY OR COUNTY OF DEATH

MARRIED ENEVER MARRIED DIVORCED

Baltimore

12b. KIND OF BUSINESS OR INDUSTRY glazer yen. Lect. o.

CITY OR TOWN OF DEATH Baltimore

- STATE

REGISTRAR

lanuland

anuland

14. FATHER'S NAME

1508 Webster St. Balto. Md. USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13b. COUNTY

CITY OR TOWN 13d. INSIDE CITY LIMITS? Baltimore

NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

15. MOTHER'S MAIDEN NAME lizabeth

Flannigan

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

Luke 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO QR UNKNOWN) (IF YES, GIVE WAR OR DATES) NO

PART I. DEATH WAS CAUSED BY

166 SOCIAL SECURITY NO.

Larke

17 INFORMAN Mrs. Venonica

Same as above

130. STREET ADDRESS 1508 Webster St. Balto. Md.

A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (0), stoting the underlying couse last.

18 CAUSE OF DEATH (Enter only one couse per line for a), (b), and (c).)

DUE TO, OR AS A CONSEQUENCE OF

PART 2, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 116

196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY?

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF

21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

> NOT WHILE AT WORK

19 DATE OF OPERATION

21d. INJURY OCCURRED

HOUR A.M. MONTH DAY YEAR P.M. 21e, PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

21b. TIME OF INJURY

nous

19

21f. LOCATION

CITY OR TOWN COUNTY

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

STATE

NO [

sow the deceased alive on above, (I) (we) (did) (did not) view the body after death.

19 + 6

DEGREE ATTENDING

22e ADDRESS

MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN

nous

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

3/11/82

23a. BURIAL, CREMATION, REMOVAL (SPECIFY)

Burial

23b. DATE

220.1 certify that (1) (this hospital) attended the deceased from_

23c. NAME OF CEMETERY OR CREMATORY

Glen Haben Mem Park

5500 Bowless 23d LOCATION

Dunnie.

24 FUNERAL DIRECTO

CERTIFICATION

WEDICAL

ully Funeral Home, 130 E. Fort Ave. Balto. Md.

DHMH - 16 50M 1/81 (VRA 15, 4)

should by

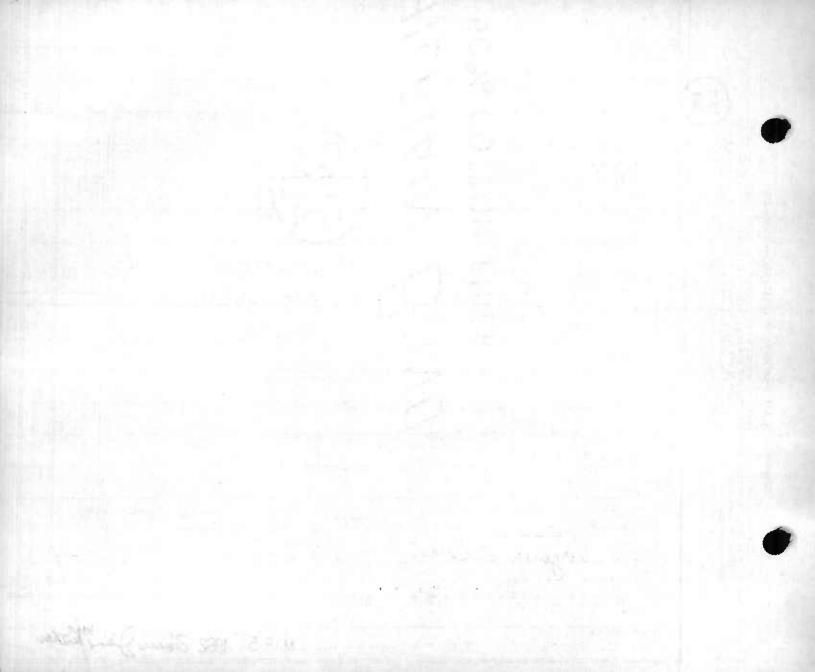
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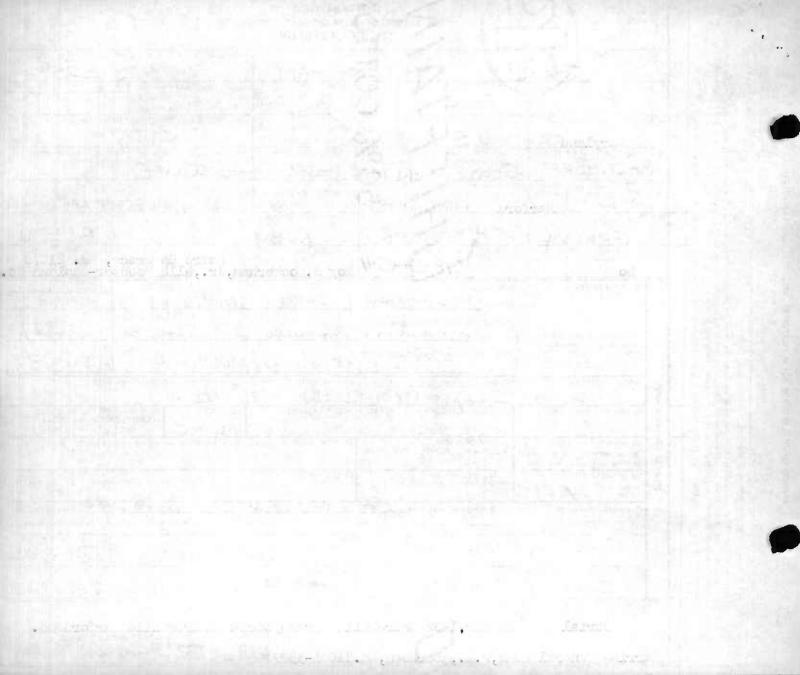
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10		FOR STATE						AND MENTAL H	0 6	0	6 2 4	3
. 3		REGISTRAR		N		EXAMIN	ER'S C	ERTIFICATE	OF DEATH	REG. NO.		
		CEASED NAME	FIRST		WIDDLE			LAST	20. DATE KN	OWN X WON	TH DAY YEAR	2b. HOUR
ı	1		MADEL	INE	(C	oates)	C	OATS	DEATH M	ATED 3	10 19 82	M
ı	3. SEX		4. RACE	5. DATE OF BIR	TH AY YEAR	6. AGE IN YEA	RS IF UN	DER 1 YR. IF UNDER		THOM	H DAY YEAR	2d HOUR
	fe	male	nearo	2 20		34 YR	· moiti	S DAYS HOURS	MIN PRONOUNCE DEAD	3	10 19 82	3:45
	Jer B1	RTHPLACE (ST		76. CITIZEN OF			R		9. BALTIMO	E CITY OR COL	JNTY OF DEATH	D M
		reign country)		US	Α	-	WIDOW	ED NEVER MARR			4	
ì		TY OR TOWN		-		URSING HOME		ER INSTITUTION	120. USUAL OCCUPAT	More Ci		MD.
1				(IF NOT IN SUC	H FACILITY, GIVE	STREET ADDRESS)	, 0 0		FOR MOST OF WORKIN		OR INDUSTRY	
	115114	Baltimo	IF IN NURSING HOME	1 2146 1	Hollin	is St.	N II					
	130. 5	TATE	13b. COUN		13c. ⊂11	TY OR TOWN)NI)	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS			
		Md			B	alto		YES X NO	2146 Holl	ins Stre	eet	
	14. FA	THER'S NAME		WIDDLE		LAST		15. MOTHER'S MAIDI	MIDD	LE	LAST	
J		Wesley		L	Co	ates		Mary	F.		Woods	
	16a. V		EVER IN U.S. AR	MED FORCES?	16b SC	OCIAL SECURITY	' NO.	17. INFORMANT		ADDRESS		
	(11	No	(IF 163, GIVE	TAR OR DATES	213	3 54 496	52	Margare	t Sessoms	3633 P	askin Pla	ce
		II CAUSE OF	DEATH (Enter or	ly one cause per l							APPROXIMATE IN	NTERVAL
		PART I DE	ATH WAS CAUSE	D BY: TE CAUSE (o)		olism					BETWEEN ONSET A	INU UE ATH
		300	IMMEDIA			NSEQUENCE C)F					
1			s, if ony, which									
1			e to immediate stating the under-		ORASACO	NSEQUENCE C)E	4				
1		lying cau		00210,	OK AS A CO	MASEGIOEINCE	7					
1		BART 2 BINER CIE	MILICANY CONDITIONS	(c)	A 211 BUT NOT OF	LANCE OF THE PERSON	No. 1 Bacco					
١	z	PARI 2 DINER SIC	INITICANT CONDITIONS	CONTRIBUTING TO DE	ATH BUT MUT KE	LATED TO THE TERMI	NAL DISEASI	DR CONDITION GIVEN IN PA	RT 1 to			
4	5	19a, DATE OF	OBERATION	101 601	IDIZIONI FO	D MAINCH OPEN	ATIONING	AC DEDECORATED			Tee	
	CERTIFICATION	170. DATE OF	OFERATION	IND CON	IDITION FOI	K WHICH OPERA	ATION W	AS PERFORMED?			20 AUTOPSY?	
	KTIF											NO 🗌
	CE	210. EXTERNA	L CAUSE WAS		OF INJURY	H DAY YEAR	21c. HC	OW INJURY OCCURRE	D (ENTER NATURE OF INJURY	IN ITEM 18 PART 1 OF	R PART 2)	
	CAL	CONTRIBUTION	G CAUSE OF		P.M.	19						
	MEDICAL	21d INJURY C	CCURRED		E OF INJUR			CATION	CITY OR TOWN	8 - 15-	COUNTY	STATE
	*	AT WORK	NOT WHILE [) SINCE!,	ACTORT, PARM,	, 616.)	,	1866	CITY OR TOWN		COUNTY	STATE
								V		7		
	-		y that I took charg				Autop			J. and in my	opinion	
I		deoth resulte	d from: Natu	ral causes X,	Acciden	t L.J., Suid	cide 🔲	, Homicide	Undetermined mann	er .		
1		ACTUAL	h	1.) ^ ^			TITLE (SPECIFY)		D 41	7E	
4		SIGNATURE	///	M	XX	~	M	D Assistan	T MEDICAL EXAMIN	ER SIG	SNED 3-11-82	2
)	-	EXAMINER'S	NAME A		10			TO WE SEE				
0		(TYPE OR PRIN	Ani Ani	n M. Dix	on, M.	D.		ADDRESS 111 F	enn St.,Ba	lto., Md	21201	
	230 BI	URIAL, CREMAT	ION, REMOVAL	23b. DATE	230	NAME OF CEN	NETERY O	R CREMATORY	23d. LOCATION CITY OF TOWN		OUNTY STAT	TE.
-		urial	44 14	3-15-82	V	Vestern	Sta	r C em.	Baltimo		Md.	
-	24. FI	UNERAL DIREC	TOR					250. DATE	REC'D. BY REGISTRAR	256. REGISTRAR	'S SIGNATURE	
	B 1	rown/1	hompso	on F.H.	1913	W. Ba	ltim	ore St	1 1 1002	01 0	M TI	
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DHMH - 16 50M 1/B1 (VRA 15, 4)

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1	- STATE REGISTRAR		DEPARIM		HEALTH AND MENTAL HYC FICATE OF DEATH			16 2	6 9 1	
	ECEASED NAME FIRST		MIDDLE		LAST	REG. N	O. MONTH	DAY YEAR	12h HOUR	
(ITP	E11	a Pa	uline	Cog	gle	March	23.	1982	11:28a.	
3 SE	X	4 RACE		5. DATE	OF BIRTH	6. AGE (IN YEARS LAST BIR		IF UNDER 1 YEAR		
	Female	White		Mar		49	YRS.	MONTHS DAYS	HOURS MIN.	
₹á. B	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?		ED NEVER MARRIED	9. BALTIMORE CITY C	R COUNT		- P. W.	
10. C	ITY OR TOWN OF DEATH	USA 11. NAME OF		WIDOW	ED X DIVORCED OR OTHER INSTITUTION	Baltimon		-	MD.	
	Baltimore	Mar	y land Gene	eral	Hospital	(TYPE OF WORK FOR MOST O		IFE) INDUSTRY	of Business or aurant	
136.	14	ne or other institution. OUNTY rederick	Isc. CITY OR TOWN Jefferson		113d. INSIDE CITY LIMITS? YES NO X	13e. STREET ADDRESS Route 1	Boy			
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	No	S. GIVE WAR OR DATES)	236-62-58	355	Linda A. Web	ober Jeffe	rson	. Md. 2	Box 248A	
	18 CAUSE OF DEATH (Enter PART I. DEATH WAS CA	r only one couse per	line for (a), (b), and ((C+)					XIMATE INTERVAL	
		DIATE CAUSE (0)	Intracta	able	Heart Failure			9 ====		
	4100	DUE TO, O	R AS A CONSEQUEN	CE OF	nfarction		1000			
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6	couse (o), stoting the underlying couse lost. DUE TO, OR AS A CONSEQUENCE OF									
100	(c)									
NO	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/01 Renal Failure, Hypertension, Diabetes									
CERTIFICATION	190 DATE OF OPERATION				N WAS PERFORMED	20g AUTOPSY?	T20b IF YE	S, WERE FINDI	NGS LISED	
TIFIC						YES TI NOXT	IN CERTI	FYING CAUSES	S OF DEATH?	
CER	210 ACCIDENT WAS UNDERLYING				21c. HOW INJURY OCCURR				но 🗆	
	OR CONTRIBUTING CAUSE OF	O'C'NIII	M. MONTH DAY	YEAR						
MEDICAL	21d. INJURY OCCURRED	21e PLACE (21f LOCATION	CITY OR TO		COUNTY		
~	AT WORK NOT WHILE AT WORK			W, EIC)	SINCE	CHTORIO	4414	COUNTY	STATE	
	220.1 certify that (A (this has sow the deceased alive above, (A (we) (did) (and	March 2	deceased from	ebru 2	, 17		,	19 82	that (fr (we) lost	
	obove, (A (we) (did) (or	(nat) view the body	after deoth.	, 01	nd that in (m) (aur) opinion o	death accurred on the do	ote and hou	ir and from the	couses stated	
m.	226. SIGNATURE	In la X	10-	mi	DEGREE ATTENDING	MEDICAL STAF		22c DAY	SIGNED	
	22d. PHYSICIAN'S NAME ITY	PE OR PRINTI	1	11/	PHYSICIAN [DIRECTOR PHYSIC	IAN	13/1	4/82	
	Frank Shea					and General	Hosp	ital	1	
23a. B	BURIAL, CREMATION, REMOV	'AL 23b. DATE	23c NA	ME OF C	EMETERY OR CREMATORY	736 LOCATION			000000	
	Burial	3/27/	32 Fai	rvie	ew Cemetery	Bolivar.	Jef	erson -	W. Va.	
	INERAL DIRECTOR		ADDRESS P.			REC D BY PEGISTRAN	NEGIST	(AR) SUGNIM	GREEN	
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REGISTRAR

Burial

DHMH - 16 50M 1/BI (VRA 15, 4)

9 BALTIMORE CITY OR COUNTY OF DEATH Baltimore City 126 KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE! necktie maker Schraeter Co. 13. STREET ADDRESS 1739 E. Northern Pkwy. Kesting A1739 E. Northern Pkwy. Miss Louise H. Gohr Baltimore, Md. 21239 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 221. DATE SIGNED. PHYSICIAN DIRECTOR PHYSICIAN etery Baltimore, 250 DATE REGIO 6 1982 RANGE PROPERTY OF THE P Loudon Park Cemetery 24 FUNERAL DIRECTOR Loring Byers Funeral Directors 8728 Liberty Rd. Randallstown, Md. 21133

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

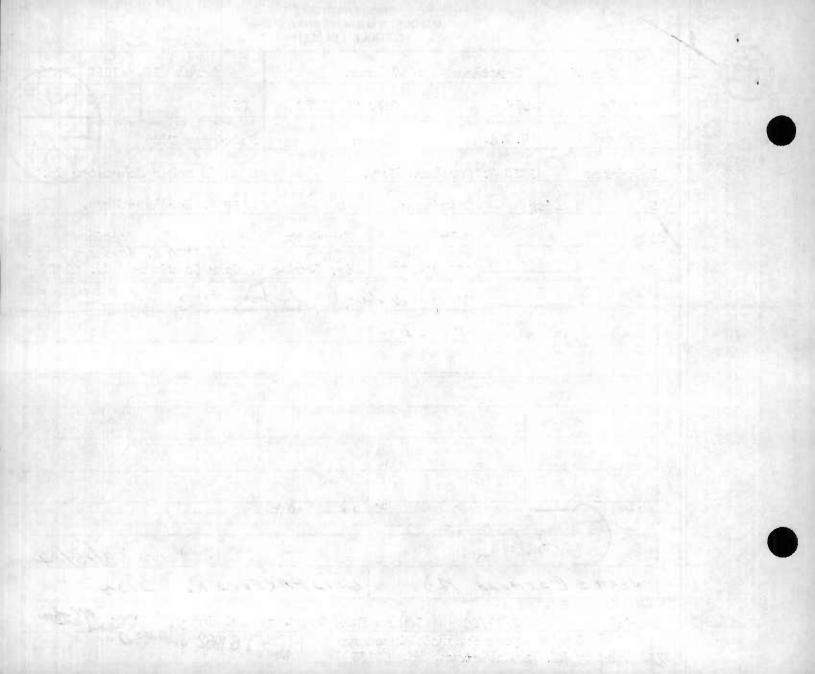
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26 HOUR

IF UNDER 24 HRS

1982

IF UNDER 1 YEAR



RANDALLSTOWNY SOL LEVINSON & BROS.

6010 REISTERSTOWN RD. BALTO., MD 21215

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2h HOUR

126 KIND OF BUSINESS OR

FURNITURE

21207

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

36 hours

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STATE

22c. DATE SIGNED 3-31-82

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21207

DHMH - 16 50M 1/81 (VRA 15, 4)

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24 FUNERAL DIRECTOR

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Leonard J. Ruck, Inc. 5305 Harford Rd. 21214

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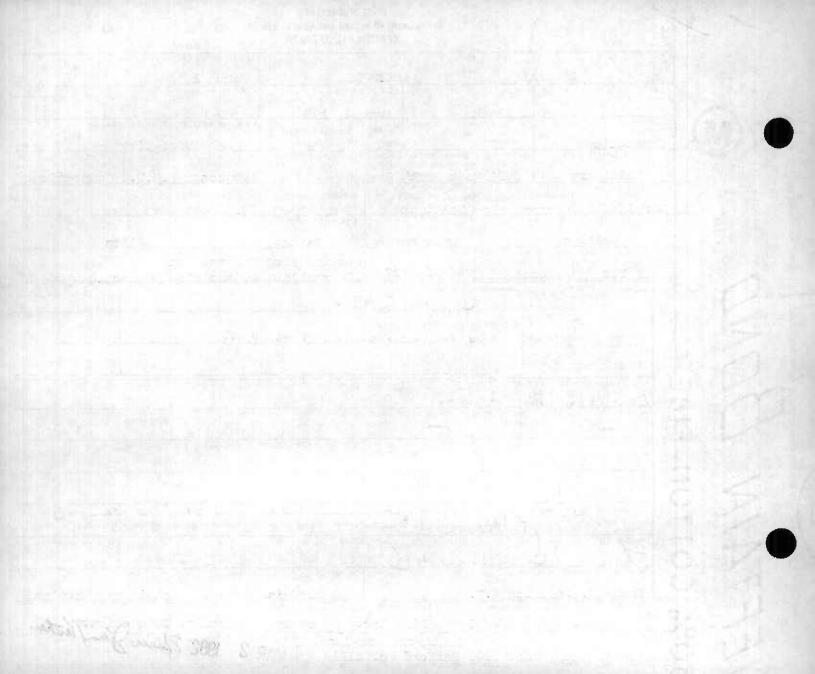
PRESTON ST.

201

DIVISION OF VITAL RECORDS.

(VRA 15, 4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE



FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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		REGISTRAR				CERTIF	ICATE OF DEATH	RE	EG. NO.			
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4	-	altimore	AIH	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTIO (IF NOT IN SUCHFACILITY, GIVESTREET ADDRESS). Union Memorial Hospital				Shipfitten Many and Drydo.			,	
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1	14 FA1	THER'S NAME		WIDDLE	Callin	1	15. MOTHER'S MAIDEN NA. ROSA		DDLE	Wil	LAST SON	
-	14 - 14	John AS DECEASED EVE	D INI II S AB	MED EORCES?	16b SOCIAL SECU	PITY NO	17. INFORMANT		ADDRESS			
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		22a. I certify that sow the dece obove, (I) (we 22b. SIGNATURE	osed olive or) (did) (did n	ot) view the body	30-19	+ tu	DEGREE ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF _	d hour and from	the couses	stoted
1		22d. PHYSICIAN'S	SE:		ASAN	MD	606 Hamr	nonds lou		IL TO, Ma	1,21	225,
n		BURIAL, CREMATIO		L 23b. DATE		NAME OF	CEMETERY OR CREMATORY	236 LOCATIO	WN WN	COUNTY	A1 J	STATE

BP. DHMH - 16 25M

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filewith the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

MPORTANT: If hem 21 is morked or Hem 18 shows ony injury, or other troumotic event, thi

ully Funeral Home (VR A 15 (4)) 9/74

Burial 24 FUNERAL DIRECTOR

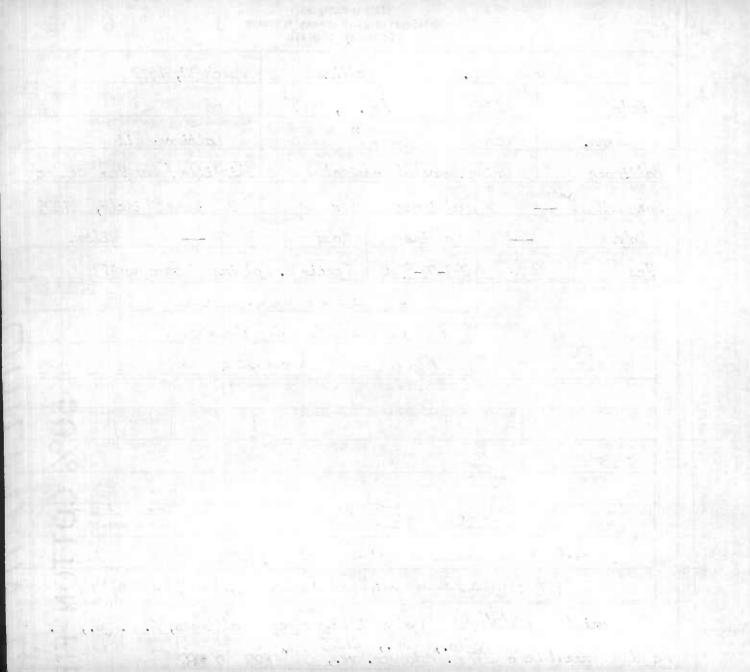
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO . DECEASED NAME 20. DATE OF DEATH MONTH 26 HOUR (TYPE OR PRINT) FRANK 80 RACE DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HPS MONTH DAY YEAR DAYS MALE CAUCASIAN 206 BIRTHPLACE ISTATE OR FOREIGN 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED MARYLAND BALTIMORE DIVORCED VIV WIDOWED 10. CITY OR TOWN OF DEATH 1. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) RETAIL USUAL RESIDENCE (IF NURSING-HOME OR OTHER INSTITUTION, GIVE A PROPERTY OF TO THE TOWN 10808 LAKE SPRING WAY 21030 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST HARTZ SAMUEL COLLIVER LUCILLE 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT EDWARD COLLAPVER LIF YES, GIVE WAR OR DATEST 215 30 627910808 LAKE SPRING WAY, COCKEYSVILLE, MD 21030 YES ARMY APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DE ATH WAS CAUSED BY METASTATIC IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which HYBER NEPHROMA gave rise to immediate cause (a), stating DUE TO OR AS A CONSEQUENCE OF otho underlying cause last pla PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) DIVISION OF VITAL RECORDS, 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 19a DATE OF OPERATION 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YULTIO W NO I Нув 21g. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 priol-tro HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH YEAR (IF EITHER, NOTIFY MEDICAL EXAMINER) 211 LOCATION 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE AT WORK 220.1 certify that (I (this haspital) attempted the deceased from saw the deceased alive an abave, (I) (we) (did) (did not and that in (my) (our) apinian death accurred on the date and hour and from the causes stated 22h SIGNATURE DEGREE 22c. DATE SIGNE TO FUNERAL D should be deto with the State D IMPORTANT: If ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS ZMANN 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY BURIAL MAR.18,1982 CHIZUK AMUNO 24 FUNERAL DIRECTOR SOL LEVINSON & BROS., INC. 250. DATE REC'D. BY REGISTRAR 256. BEQUSTRAR'S SIGNATURE DHMH - 16 50M 7/77 (VRA 15 (4)) 6010 REISTERSTOWN RD. BALTO., MD

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NAME BURGEZ FUNERAL HomE 3631 FALLS R 21211

FOR

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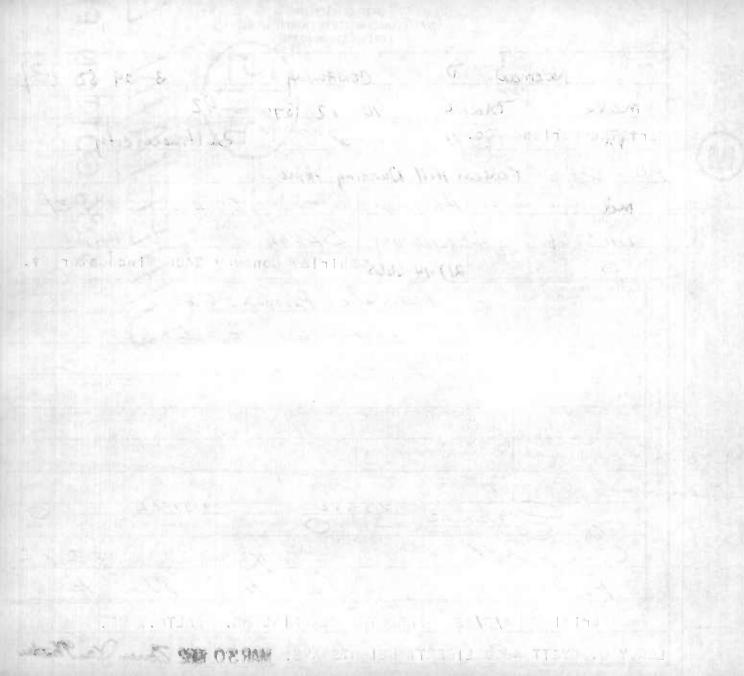
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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		CEASED NAME	FIRSI		MIDDLE		LAST		20. DATE OF DEATH		DAY YEAR	26 HOUR
	1 SE	A	NDREAS	1. RACE		CONSTA	NTINOU OF BIRTH	- 4 1.	6. AGE (IN YEARS LAST	RCH 1	9 82	11:05p
41)	MA	LE		CAUCA	SIAN	5~	1 13	YEAR 09	72	YRS.	MONTHS DATS	HOURS MIN.
97	1	IRTHPLACE (STATE OR COUNTRY) TPRUS: GRE	the state of	USA	WHAT COUN	MARE	HED NEVER MA		9. BALTIMORE CITY BALTIMOR	OR COUNTY		MD
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liene prior to buriol, cremotion, or re Nows any injury, ar ather traumatic e	CERTIFICATION	Canditians, if any gave rise ta imm cause (a), statir underlying cause PART 2. OTHER SIGN	, which mediate ng the last.	DUE TO, OI	R AS A CONS R AS A CONS DITTIBUTION	REQUENCE OF RHOSIS	BACTER	EMIA O THE TERM	INAL DISEASE OR CO	20b. IF YES	EN IN PART 11 , WERE FINDING CAUSES S	NGS USED
ath and Mental Hygie marked at Item 18 sho	MEDICAL CE	21a, ACCIDENT WAS UNION OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONT	CAUSE OF DEAT ICAL EXAMINER) RED HILE	21e PLACE ((AT HOME STR	M. MONTH M. OF INJURY REET, FACTORY, O	DFFICE, FARM, ETC.)	R		RED (ENTER NATURE OF IN		COUNTY	STATE
with the State Dept. of He. MPORTANT: If them 21 is:		saw the decease abave, (1) (we) (c) 22b. SIGNATURE	ed alive and did) (did nat)	view the bady	0		DEGREE ATT	ENDING CHI	MEDICAL ST DIRECTOR PHYS	TAL COF	22c PATE 3/19 RPORATI	SIGNED .
N 1/B1		BURIAL, CREMATION, (SPECIFY) BURIAL UNERAL DIRECTOR		23b. DATE 3/22	/82		CEMETERY OR CRE	MATORY	23d LOCATION CITY OR TOWN BALTO E REC'D. BY REGISTRA	ALTIMOF	COUNTY BALTO	21231 STATE
4)	1	Jely C	rach	13	21100	heson	Ave,	MA	R 2 2 1982	Prence	Van	Weither

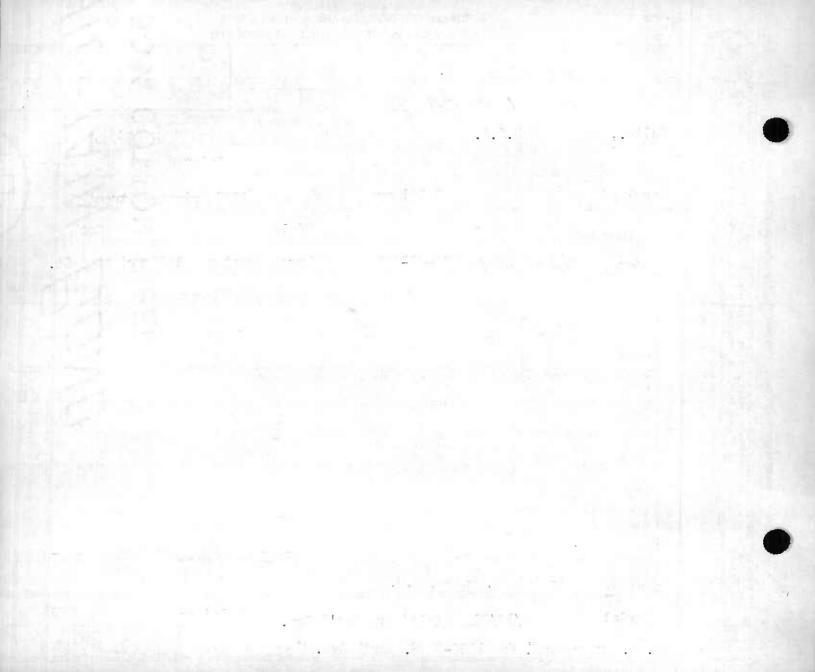
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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physic should be detached for use as the burial-transit permit. Then please remove carban pape with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

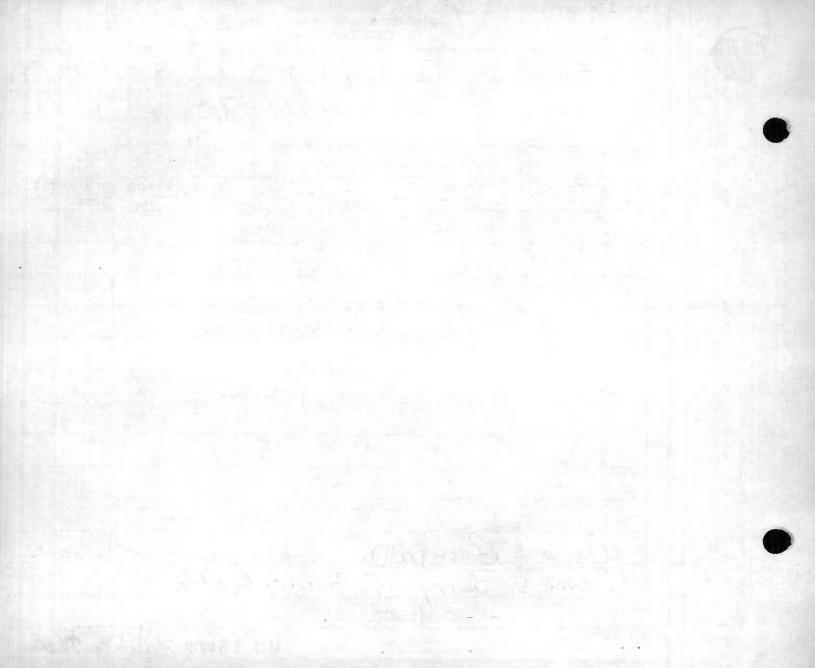
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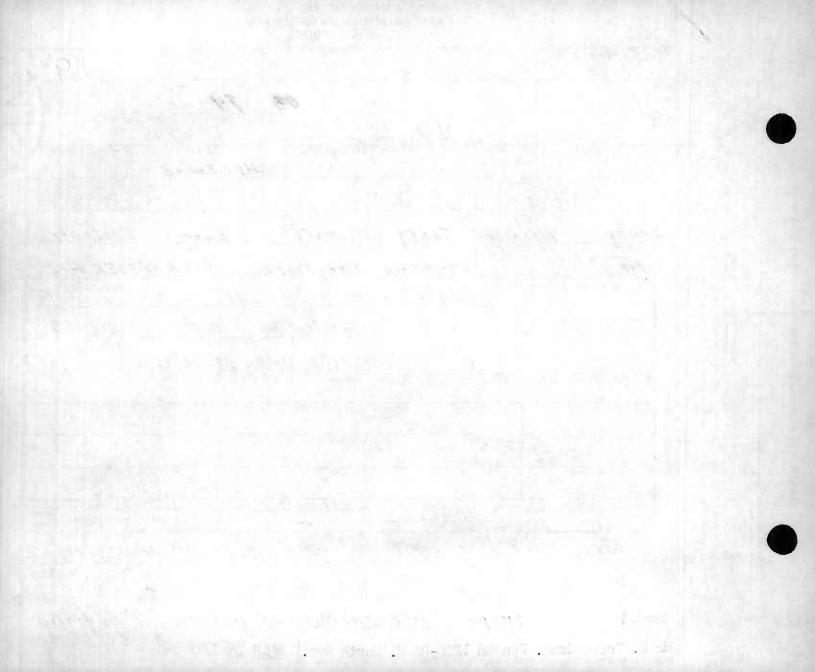
STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR REG. NO . DECEASED NAME 26. DATE KNOWN MONTH (TYPE OR PRINT) ESTI-Theodore DEATH MATED 82 Cook 16 19 4. RACE 5. DATE OF BIRTH 6. AGE AN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED 19 82 DEAD Male Black 16 7 BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Balto., MD U.S.A. Baltimore City WIDOWED X DIVORCED IN CITY OR TOWN OF DEATH 12a USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY 3305 Brighton Street Baltimore USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 36 Maryland 113b COUNTY 13d. INSIDE CITY LIMITS? 3305 Brighton Street 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Viola Cook UNKNOWN 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMAN ADDRESS USED AS A BURIAL - TRANSIT PERMIT, PAGES I OF HEALTH AND MENTAL HYGIENE, DIVISION IRIAL, CREMATION, OR REMOVAL. 213-01-3668 Deborah Houston 3305 Brighton St. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Arteriosclerotic Cardiovascular Disease DUE TO, OR AS A CONSEQUENCE OF Conditions, it any, which gove rise to immediate cause (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IG. CERTIFICATION 196. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? BURIAL, YES [KXON 3 SHOULD BE DEPARTMENT 71g EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 0 UNDERLYING OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR 21e PLACE OF INJURY (AT HOME 21d. INJURY OCCURRED 21f. LOCATION AT WORK AT WHILE STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY STATE EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: P) AFTER DEATH, WITH THE ST. BALTIMORE, MARYLAND, 2 224 I certify that I took charge of the remains described above, held on Natural couses XX deoth resulted from: Undetermined manner TITLE (SPECIFY) ACTUAL 3-16-82 Assistant SIGNATURE III Penn Street EXAMINER'S NAME Virginia L. Dolan, M.D. (TYPE OR PRINT) 23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 236. DATE MDSTATE Baltimore Burial 3/19/82 Baltimore Nat'l 24 FUNERAL DIRECTOR 256. DATE REC'D. BY REGISTRAR 1256. REGISTRAR'S SIGNATURE **DHMH-17** 1206-08 W. North Ave. C. Brown Comm. FH (VR A15 ME (5)) 15M 2/80



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HYS Ading Deur He or H		d. INJURY OCCURRE		21e. PLACE	OF INJURY		211 LOCATION STREET		CITY OR TO		COUNTY	STATE
DIVISION OF VITAL RECORDS, NG PHYSICIAN: The low require to thending physicion. The this certificate has been sign os the busiol-transit permit. Then th and Mental Hygiene prior to be orked or them 18 shows any injury	Z V	WORK NOT WHILE	LE 🗆	(AT HOME, ST	REET, FACTORY, OFFICE	E, FARM, ETC.]	SINEET		CITORIO	W14	COUNT	SIAIE
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0 g 0 g w M	23a BUR	IAL, CREMATION, RI	EMOVAL	23b. DATE	230	NAME OF C	EMETERY OR CREM	ATORY	214 LOCATION		CALIFIED	STATE
7/ />BP	RE	MOVAL		3-17.	-82 L	INCOLN	MEM. GAR	DENS	SPARTENT	rino	MARVIA	
DHMH - 16 60M 1/75	24 FUNE	RAL DIRECTOR			4000000			25a. DATE R	REC'D. BY REGISTRAR	736 REGIST	AR'S SIGNATUR	E
(VR A 15 (4))	t.	ME PHILLI	PS	1721 N.	MONRUE	ST.		MAR	161982	cancas	Van 16	eithen



1	X		STA	TE OF MARYLAND		
9	1	FOR - STATE REGISTRAR		HEALTH AND MENTAL HY IFICATE OF DEATH	GIENE 3 2	0626
£ (1 DE	CEASED NAME FIRST	700 MIDDY	LAST		ONTH DAY YEAR 26 HOUR, 7
deol	3. SE	rrary	RACE IS DATE	OF BIRTH	6 AGE (IN YEARS LAST BIRTH	DAY) IF UNDER I YEAR IF UNDER 24 HR
	_	Female	B V MON	TH DAY YE	19	DAY) IF UNDER 1 YEAR IF UNDER 24 HR MONTHS DAYS HOURS MIN
33	1	RTHPLACE (STATE ON FOREIGN	MARR WIDOV	TED NEVER MARRIED NEVER DIVORCED	BALTIMORE CITY OR	6 C. Tu
BU	TO C	OR TOWN OF DEATH	1. NAME OF HOSPITAL, NURSING HOME (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)		12a USUAL OCCUPATIO	WORKING LIFE) INDUSTRY
27	USU	AL RESIDENCE (IF NURSING HOME OR O	DITHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION	Storp.	HOUSEWIFE	£
35	Th.	had. Sa	eta 13ACITY OR TOWN	YES NO	13e STREET ADDRESS	Falso ST
100	14. F.	ATHER'S NAME	NIDDLELAST	15 MOTHER'S MAIDEN N	AME	TPAL
5370	-	PADY ALE	EXANDER TERRY	MARY	EILEN	Coulnation
og /		VAS DECEASED EVER IN U.S. ARN YES NO ORUNKNOWN) (1F YES, GIVE	WAR OR DATES)	17. INFORMANT	ADDRES	
2		710	215-18-5412	KIRBY KOGE	es 971. K	HEELER AVE
event, t		PART I. DEATH WAS CAUSED IMMEDIATE		Imonino a	refet	BETWEEN ONSET AND PEAT!
natic		4100	DUE TO, OR AS A CONSEQUENCE OF	· · · · · · · · · · · · · · · · · · ·	1.0 4	1,,,,,,,,
trout		Conditions, if any, which gave rise to immediate	(b) U(1010 91)	ocaraca CA	NARU	NOUL).
ather		couse (a), stoting the underlying cause last	DUE TO, OR A ACCUSEOUENCE OF	le rote car	du dascula	cedisosse year
igury, or a	N.	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO DEATH BU	IT NOT RELATED TO THE TER	MINAL DISEASE OR CONDI	TION GIVEN IN PART TIO
ony in	CERTIFICATION	19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATI	ON WAS PERFORMED	20a AUTOPSY?	206 IF YES, WERE FINDINGS USED
or Item 18 shaw	TIFI				YES NO	IN CERTIFYING CAUSES OF DEATH? YES NO NO
00		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT	216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR	21c HOW INJURY OCCUI	RRED (ENTER NATURE OF INJURY	IN ITEM IS PART 1 OR PART 2)
E	CAL	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M. 19			
ed or	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
arke		AT WORK NOT WHILE		6	3	11 02
E S		220 I certify that (I) (this hospital saw the deceased alive an	2 // _ 07	3-/(-190		17-, 19 8 , that (I) (we) la
m 2		obove, (I) we) (did) (did not)			death occurred on the date	ond hour and from the causes stated
T. # #em		Clario a	Phun no	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF	3/1/82
IMPORTANT: #		22d PHYSICIAN'S NAME (TYPE OR	RINI RUIZ MO	Box Secol	Rs Hosh	ital forfetto and
3 ≥		URIAL, CREMATION, REMOVAL	236. DATE 231, NAME OF	CEMETERY OR CREMATORY	134 LOCATION /	2016 m
_	R	urial	3/17/82 HRBU	, TUS MEMPAR	K ARBUTU	MARYIAND
1/81		JNERAL DIRECTOR	ADDRESS		TE REC'D. BY REGISTRAR 15	GISTRAM SIGNATURE
	MIT	C. Brown Comm.	Fun Hm 1206-08 W. N	orth Ave.	AR 26 1982 L	Theme you



DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	FOR - STATE REGISTRAR	DEPA		EALTH AND MENTAL HYD	REG. NO.	0 6	2 6 2
	ECEASED NAME FIRST	MIDDLE		AST	20 DATE OF DEATH MONTH	DAY YEAR	25 HOUR
	George	e M.	Cord,	Jr.	February 12	. 1982	5:30P.
1 SE	EX	4 RACE	5. DATE (OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEA	
	Male	White	Ju	ne 25, 1895	86 YR	MONTHS DAYS	S HOURS MIN
M	BIRTHPLACE (STATE OR FOREIGN COUNTRY) [aryland	76 CITIZEN OF WHAT COUNT U.SIA.	RY? 8 MARRIE WIDOWI	D NEVER MARRIED M	Baltimore CITY OR COUNTY Baltimore	TY OF DEATH	^
3	Baltimore	11. NAME OF HOSPITAL, NUI JENOT INSUCH FACILITY GIVEST SOUTH BALTIS	more Ge	neral Hosp.	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING Electrician	GUFELLINDUSIR'	OF BUSINESS C
2		OTHER INSTITUTION GIVE RESIDENCE BY TY 136. CITY OR T IMORE	EFORE ADMISSION)	13d. INSIDE CITY LIMITS?	2738 Aldertoo	d Rd.	
) H F	George	A. Cord LAST		Anna FIRST	MIDDLE	pson	AS1
	WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIALS 163-05		Stephen Calhe	ADDRESS oun		
	Conditions, if only, which gave rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSE	ONIC	Obstri	- Faeluse	16 D18	sear o
NO	PART 2. OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION	IVEN IN PART 1	(0)
CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WH	ICH OPERATIO	N WAS PERFORMED	20a AUTOPSY? 20b. IF IN CER	YES, WERE FIND TIFYING CAUSE YES	INGS USED S OF DEATH?
	2 a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		DAY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN ITEM	8 PART T OR PART 2)	
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFI	ICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
	22a. I certify that (I) (this haspit saw the deceased alive an above. If the old did this			d that in (my) (our) opinion (death accurred on the date and		, that (1) (we) la e couses stated
	THE SIGNAPHRE	her alh	our	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAL	1 Turbat	12/8
	22d. PHYSICIAN SNAME (1) PE OF	Then Cal	hoa	22e ADDRESS		10	1
23a [Burial, cremation, removal Burial	1 1 1 1 1		METERY OR CREMATORY lge Mem. Pk.	23d. LOCATION Dorsey A.	A. °°C'S'.,	Md ^{STATE}

DHMH - 16 50M 1/81 (VRA 15, 4)

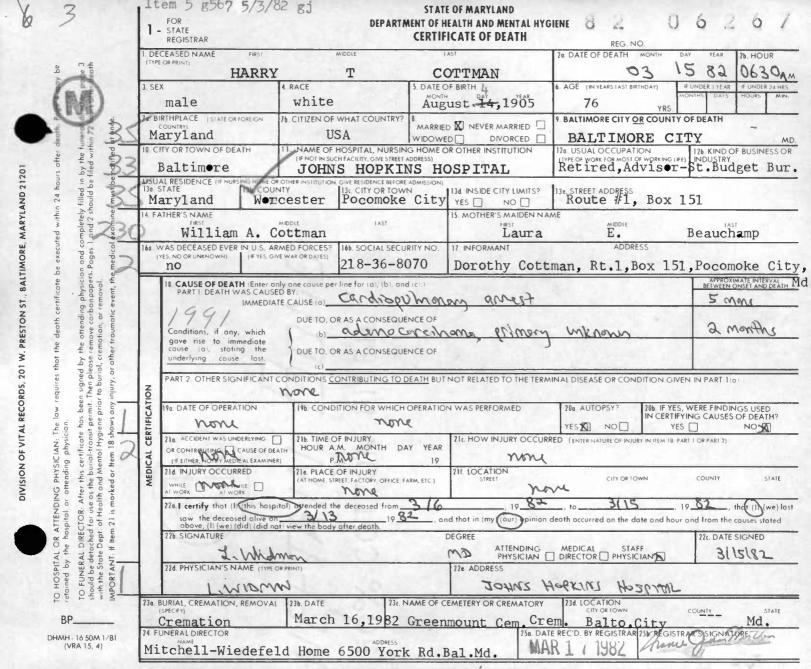
John J. Cowan & Son, Inc. 901 Hollins St.

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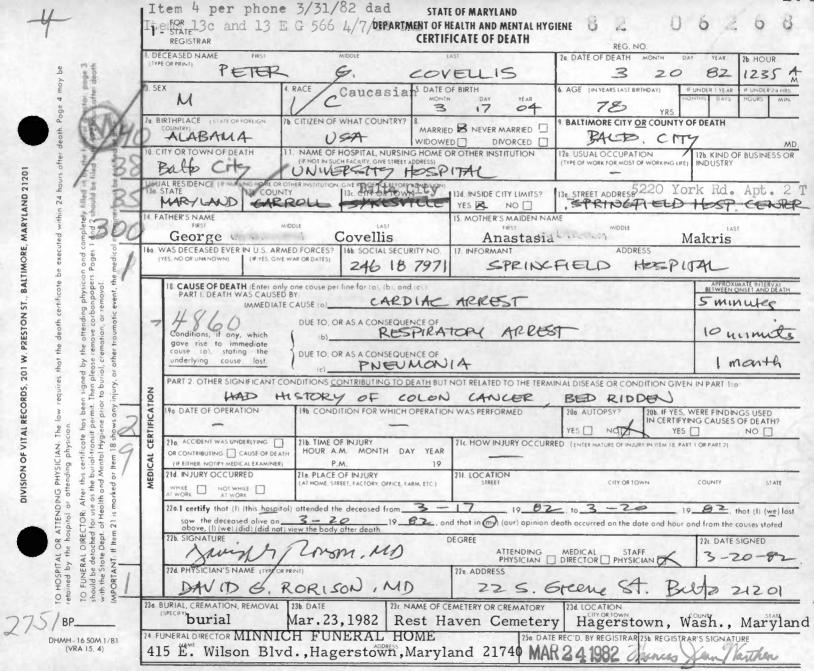
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

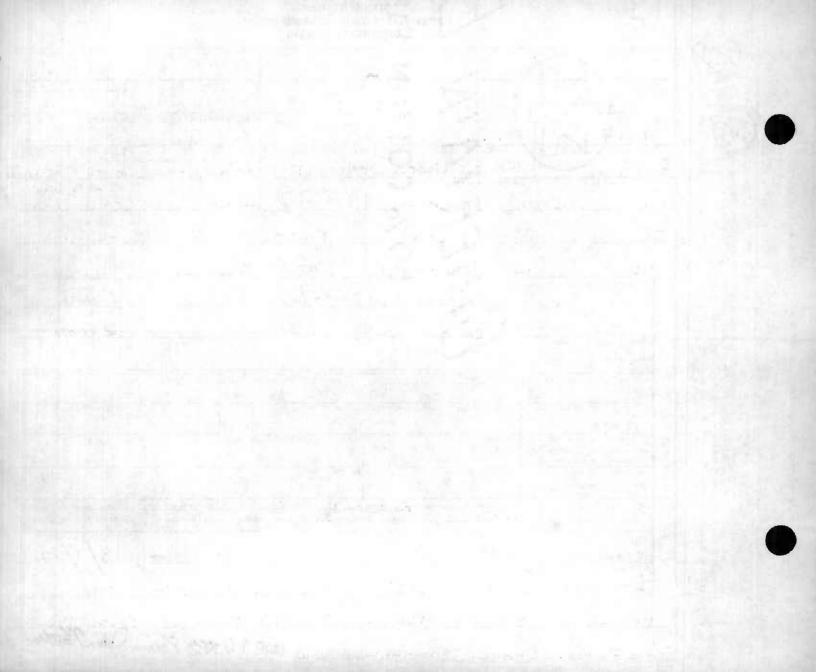
	1 -	STATE REGISTRAR				CERTIF	ICATE OF DEATH	REG.	NO.		
		CEASED NAME	FIRST	N	AIDDLE	L	AST .	20 DATE OF DEATH	MONTH DAY	YEAR	2h HOUR
		OR FRONT	WILLIE		В.	CC	WGER		3-18-8	2	2:15AM
1	1.5EX	(4	RACE		5. DATE C		6. AGE (IN YEARS LAST		UNDER I YEAR	IF UNDER 24 HRS
	231	Male		Whit	e	3	/_12_/_1894	88	YRS.	200	Mar.
		RTHPLACE (STATE OF	OREIGN 7		WHAT COUNTR	Y? 8.		9 BALTIMORE CITY		FDEATH	
S		est Virgin	in	U.S.	7\	WIDOWE	DIVORCED	Doltimor	Oi +		MD.
ď		TY OR TOWN OF DEA		1. NAME OF H	OSPITAL, NUR	SING HOME C	R OTHER INSTITUTION	Baltimo	TION	12b. KIND C	OF BUSINESS OR
\leq	D	altimore	1		H FACILITY, GIVE STR			(TYPE OF WORK FOR MOS	T OF WORKING LIFE)	INDUSTRY	W.F
-	USUA	altimore	JNG HOME OR O	THER INSTITUTION	h Hospi		•	Burner		Ship	Mfgr.
3	13a S	-	134, COUNT		13c CITY OR TO		13d. INSIDE CITY LIMITS?	13e STREET ADDRES			
2		aryland THER'S NAME	Balto).	Edgeme:	re	YES NO THER'S MAIDEN NA	1 2404 Lodg	e Fores	t Dr.	21219
1	14 FA	Wesley	M	DDLE	Cowge	r	FIRST	UNKNOWN		LAS	T.
1	16- 10	VAS DECEASED EVER	INTILIC ADA	ED FORCECO	166 SOCIAL SE		11 INSORMANT		RESS		
		ES NO OR UNKNOWN)	(IF YES GIVE		232.09		17. INFORMANT Paul	1 J. Cowgei		Libert	y Pkwy.
1		INO			232.09	.0009A	Dune	dalk, Mary	and 21		IMATE INTERVAL ONSET AND DEATH
	No	Conditions, if any, gave rise to improve (o), static underlying cause	nediate ig the last	DUE TO, OR	R AS A CONSEC	DUENCE OF	NOT RELATED TO THE TERA	winal disease or cc	NDITION GIVEN	IN PART 10	a'
>	CERTIFICATION	190 DATE OF OPERA	TION	19b. CONDI	TION FOR WHI	CH OPERATIO	N WAS PERFORMED	200 AUTOPSY?		NG CAUSES	NGS USED OF DEATH?
		210. ACCIDENT WAS UNI	AUSE OF DEATH	21b. TIME OF HOUR A./	M. MONTH	DAY YEAR	21¢ HOW INJURY OCCUR	RRED (ENTER NATURE OF IN	JURY IN ITEM 18 PART	I (OR PART 2)	
	MEDICAL	21d. INJURY OCCURI	RED	21e. PLACE C			211. LOCATION	CITY OR	TOWN	COUNTY	STATE
	i	27s.1 certify that (f), saw the decease above, (f) well (s	Diversion	3-18		82, ar	5-15 , 19 Id that in (my) (aur) opinian	, 10	date and haur o	ind fram the	
		22d. PHYSICIAN'S NA	J	H	elou,	M.	ATTENDING PHYSICIAN (MEDICAL ST	AFF ICIAN CORDON	3-/	18-82
1				LOU, MD			BROADWAY	BALTIMORE	, MARYLA	ND 2	1231
		Burial, CREMATION,	REMOVAL	3/20/			Mem. Gds.	23d LOCATION CITY OF TOWN Bel Air	Har	ford	Md.

DHMH - 16 50M 1/B1 (VRA 15, 4)

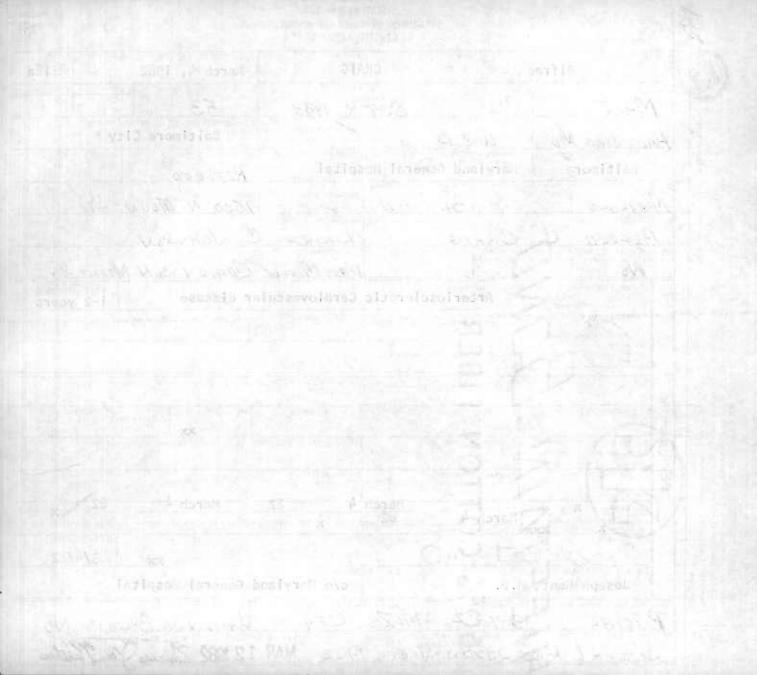
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Walter Brooks Bradley Inc., Dundalk, Md. 21222

	1-	STATE REGISTRAR			DEP		ICATE OF DEAT		ENE REG.	NO.) 6 =	. / 0
No.		OR PRINT	FIR51		MIDDLE	344 4 5	LAST		20 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
eq h	June	OR PRINT!	GLEN	N	Α	C	OX			3	3 82	9:18p M
a p	3. SE>		4	RACE		5. DATE			AGE (IN YEARS LAST	BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
4 01		MALE		WHI	TE	MONT 1		YEAR	60	YRS	MONTHS! DAYS	HOURS MIN.
A TOTAL ON		RTHPLACE ISTATE O	OR FOREIGN 76	CITIZENO	WHAT COUNT	RY? 8	o Waseven And	DIED [BALTIMORE CITY			1
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THE L	10 CT	TY OR TOWN OF D	EATH 11				OR OTHER INSTITUT	NOI	120 USUAL OCCUPA	TIPN	12b KIND C	OF BUSINESS OR
of the season of	Bo	eltinaci		VAMC,	Baltim	ore, Ma	ryland 21	218	LITTE OF WORK FOR MOS	- HAUL		MARYLAD
212 212 3 in be f	.USUA	AL RESIDENCE (IF NO	IRSING HOME OR OT	THER INSTITUTIO	N GIVE RESIDENCE B	EFORE ADMISSION			13e STREET ADDRESS			T. 2A
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A PEDBO	17	OSIPH	C	DDLE	LAST	V	MA	775	CJ.		ALLI	
m 0 - 5	160 V	AS DECEASED EVE	R IN U.S. ARME	ED FORCES?	166 SOCIALS	ECURITY NO.	17 INFORMANT	112		RESS	יאגרי	2017
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: 4 d d		PART I. DEATH	WAS CAUSED	BY:	Congritu	o Han	il Faile	110			BETWEEN	DNSET AND DEATH
n ST certh certh crean ricev		USE	IMMEDIATE		J. H. W.	M. Tra	y Janu	V (X.			1 1 927	YAY
W. PRESTON the death or y the attendin te remove care cremotion, or ther traumatic	637	Conditions, if or	y which	DUE TO,	OR AS A CONSE	OUENCE OF	lie				240	211
PRE de		gove rise to in	mmediate	(b)_		0 0	7			N I I I	1	a_N .
W. by the see recorded at	- 1	underlying cou		DUE TO, O	dr as a conse	OUENCE OF	0					
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RDS, raguir squir to be relived.	N O				CONTRIBUTION	TO DEATH DO	NOT KEENTED TO	HIE LEKWIN	TAL DISLASE OR CO	ADITION G	NACIA IIA LWKI II	0,
DIVISION OF VITAL RECORDS, ING PHYSICIAN: The Jow requir r attending physician. Wher this certificate has been sig os the burial-transit permit. Then th and Mental Hygiene prior to b arked or Item 18 shows any injury	CERTIFICATION	190 DATE OF OPER	ATION	196 CONI	DITION FOR WH	IICH OPERATIO	N WAS PERFORME	D	200 AUTOPSY?	20b. IF Y	ES, WERE FINDI	NGS USED
has be lo	Ē	None		1300					YES NO		TIFYING CAUSES	OF DEATH?
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PHYSICIAN: ending phys this certifica te buridi-tran ad Amental Hy d an Item 18		OR CONTRIBUTING	4		A.M. MONTH	DAY YEAR						
HYSik Iding Ins ce Buring And Ite	MEDICAL	21d INJURY OCCU		21e. PLACE	OF INJURY		211 LOCATION				_	
VISI The ond ond ked o	¥	WHILE NOT	WHILE	(AT HOME S	TREET, FACTORY, OF	FICE FARM, ETC }	STREET		CITY OR	TOWN	COUNTY	STATE
Afth mark	1) ottended t	he deceased fro	m Fabru	10 10 10	0 00	MARCH	1 3	10 82	thatXII (we) last
TOR. OF US		sow the veces	sed XXXX	MARCI	H 3	9 82 0	nd that in (XX (our)) opinion de	, toMARCE	date and he	our and from the	causes stated
R AT hosp hosp wed from the first of the fir		22h S)GNATURE	(did Your ho)	view the bod	y ofter death.		DEGREE				22c. DATE	
TAL OIL Y the RAL DI detoch detoch TT. If It		Laund	no h	1 211	m	mn	ATTEN	NDING ICIAN		AFF	2/	2/00
Z Q E P S Z		22d. PHYSICIAN'S	NAME (TYPE OR	SINT)	o u	110	22e. ADDRESS	ICIAN L	DIRECTOR PHYS	ICIANT	13/	2/30
O HOSPI TO FUNE should be with the S		1 0,11,000	00 (20/11	Vist	MA	110110				- '	
Short of Sho	73n B	URIAL, CREMATION		23b. DATE	7130	224 NAME OF C	EMETERY OR CREM	Balti	Imore, Mar	yland	21218	
00/BP	13	SPECIFY)	T, KEMOVAL			M	LMLIERT OR CREM	0 4	CITY OR TOWN		COUNTY	STATE
	24 FU	BURIAL INERAL DIRECTOR		3-8-	1983	IORELI	TWO I IEW	1250 DATE	REC'D. BY REGISTRA	R 25h REGI	BALTO-	10.
DHMH - 16 50M 1/B1 (VRA 15, 4)		NAME			ADDRE	310-			4 0	Pane	5 10 m	/ Withen
	5 V1	ANS FUNS	LRAL	HAPI	1 880C	HARF	ORD ROAD	I IMIMI	1302	41.00.	0	



D	1	STATE REGISTRAR	4		ICATE OF DEATH	REG. N	U 6	2/1
a/(A)		CEASED NAME FIRST Alfre	MIDDLE		AI G	March 4,		26. HOUR 4:18a M
age 4 mo	3. SE	MALE	1 RACE CDL	S. DATE (6. AGE (IN YEARS LAST BI	YRS.	DAYS HOURS MIN.
death. Pa	B	HITHPLACE (STATE OR FOREIGN DUNTRY)	16 CITIZEN OF WHAT CO	MARRIE WIDOWE		Baltin	nore City	rh MD.
urs after by the filled with		Baltimore	Mary Tand	General Ho	Spital	128. USUAL OCCUPAT LIVE OF WORK FOR MOST		ND OF BUSINESS OR STRY
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The law requires that the death certificate be executed within 24 hours or attending physician. We have certificate has been signed by the attending physician and completely filled in by as the burial-transit permit. Then please remove carbomoopers, Poges 1 and 2 should be fill the and Mental Phygiene prior to burial, cremation, or removal. On the medical examine (must be an arranged or them as the medical examine (must be an arranged or them 18 shows any injury, or other traumatic event, the medical examine (must be an arranged or them.)	13a	AL RESIDENCE (IF NURSING HOME OF STATE 136 COUP DEYLAND		PENCE BEFORE ADMISSION) Y OR TOWN 271MDRE	13d INSIDE CITY LIMITS? YES NO	13e. STREET ADDRESS	MOUNT S	y_
MARY orted with 1 and 2.		ATHER'S NAME PIRST PLERED C.	CRAIG	LAST	15. MOTHER'S MAIDEN NA	C. JOHR.	15% N	LAST
LTIMORE, the execution and control for the medical the		YES, NO OR UNKNOWN) (IF YES, GIV	VE WAR OR DATES)	CIAL SECURITY NO.	Mess MINNER	CRAID 13	30N. MOON	
ST., BA ertificate ig physic ban paper remaval.		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIA)	nly one couse per line for (ED BY: Arterio TE CAUSE (0)	o), (b), and ici i	Cardiovascul	ar disease		PROXIMATE INTERVAL VEEN ONSET AND DEATH
RESTON death of attending move carl ofton, or fraumatic	d	Conditions, if ony, which gove rise to immediate	DUE TO, OR AS A C	ONSEQUENCE OF				
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require een signe een signe ich Then pior to buny, injury,	TION	PART 2. OTHER SIGNIFICANT (
TAL REC The law incion. The has busit permisit permisit permisit permisit shows are	CERTIFICATION	210. ACCIDENT WAS UNDERLYING		OR WHICH OPERATIO		YES NOTE	20b. IF YES, WERE FI IN CERTIFYING CAL YES [USES OF DEATH?
IYSICIAN: T ding physici is certificate burial-transi Mental Hyg	MEDICAL CE	OR CONTRIBUTING CAUSE OF DEA	P.M.	NTH DAY YEAR	21¢ HOW INJURY OCCURI	RED (ENTER NATURE OF INJU	RY IN ITEM 18. PART I OR PAR	T 2}
DIVISION PHYING PHYING After this as the builth and M Inth and M	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJUR (AT HOME, STREET, FACTO	RY, OFFICE, FARM, ETC }	21f LOCATION STREET	CITY OR TO		
ATTEND ospital o ECTOR: ed for use of a fleo or af Heo	Ų	220. I certify that X (this haspi sow the deceased alive an above, X (we) (did) (did) (22b. SIGNATURE	March 4	19 <u>82</u> on	d that in (m X) (our) apinion	to March		the couses stated
by the h ERAL DIR e detache State Dep		22d. PHYSICIAN'S NAME (TYPE O	Sent M	P		MEDICAL STAI	rr .	3/4/82
O HOSPITAL eranned by the TO FUNERAL should be det with the State		Joseph Gent,	M.D.			nd General H	lospital	
502BP	T	SURIAL, CREMATION, REMOVAL SECIETY) JUDITAL JNERAL DIRECTOR	3-9-82	MiZID	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	NE BALZO, C	A My STATE
DHMH - 16 50M 1/B1 (VRA 15, 4)	29 1	LOSE PH L. RUS	M SIZON	NORTH	Puz MAR	12 1982	MACAS AM	Wathen



Mitchell-Wiedefeld Home 6500 York Rd 21212

FOR

REGISTRAR

- STATE

DHMH - 16 50M 1/81

(VRA 15, 4)

STATE OF MARYLAND

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

7b. HOUR

126 KIND OF BUSINESS OR

Balto City

Gresham

APPROXIMATE INTERVAL

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STATE

INDUSTRY

YES T

BY REGISTRAR 25% REGIST RARS SIGNATURE

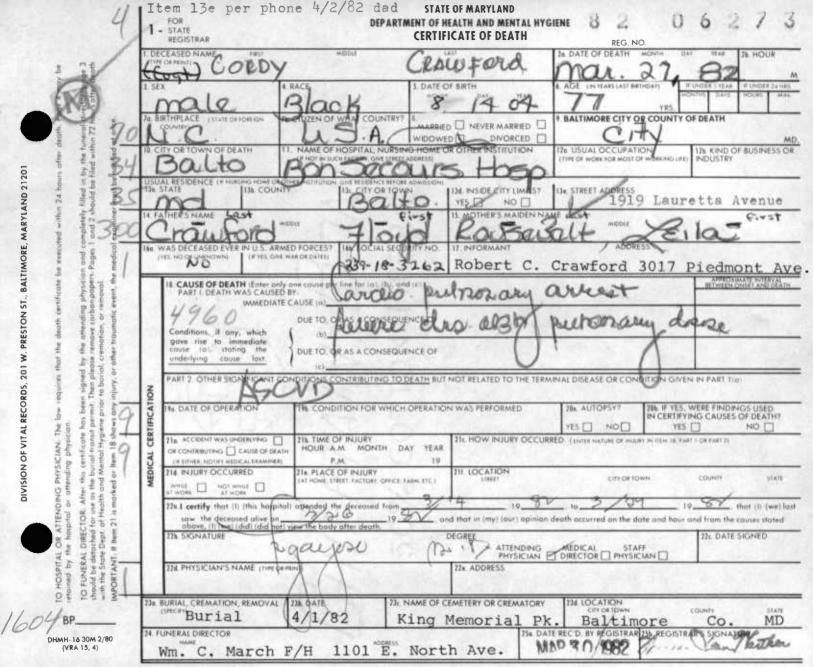
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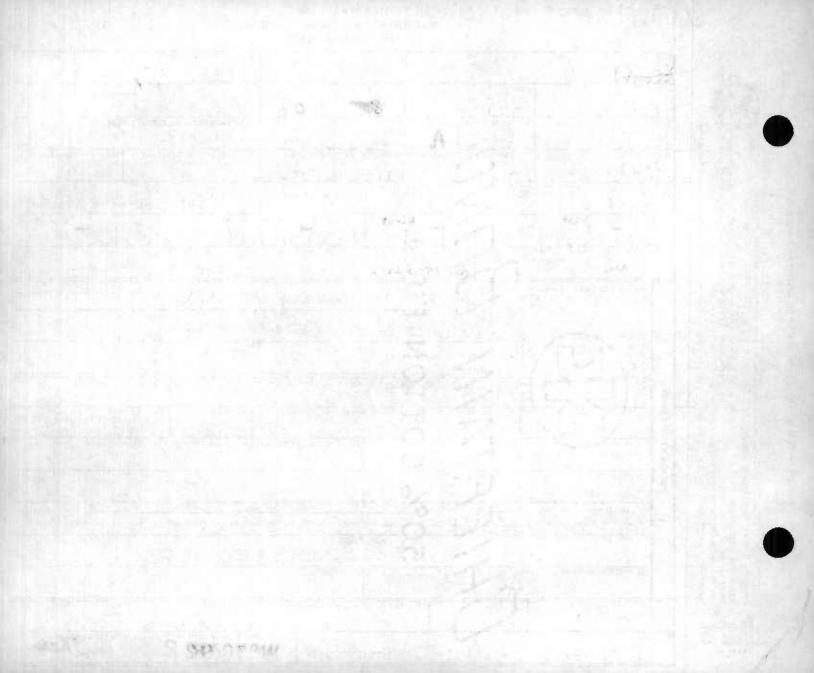
COUNTY

226 DATE SIGNED

IS VIELLA MIS BOLISH 1,0 111/ bus I was 853.00 220-00-2018 Sanah Seem 1322 may nd .cragt md.21150 3-13-82 Logony in ausologu alvieni SR-21-81

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ADDRESS

Hines/Rinaldi F.H.11800 N.H. Ave. S.S.

PAD

- STATE

DHMH - 16 50M 1/81

(VRA 15, 4)

REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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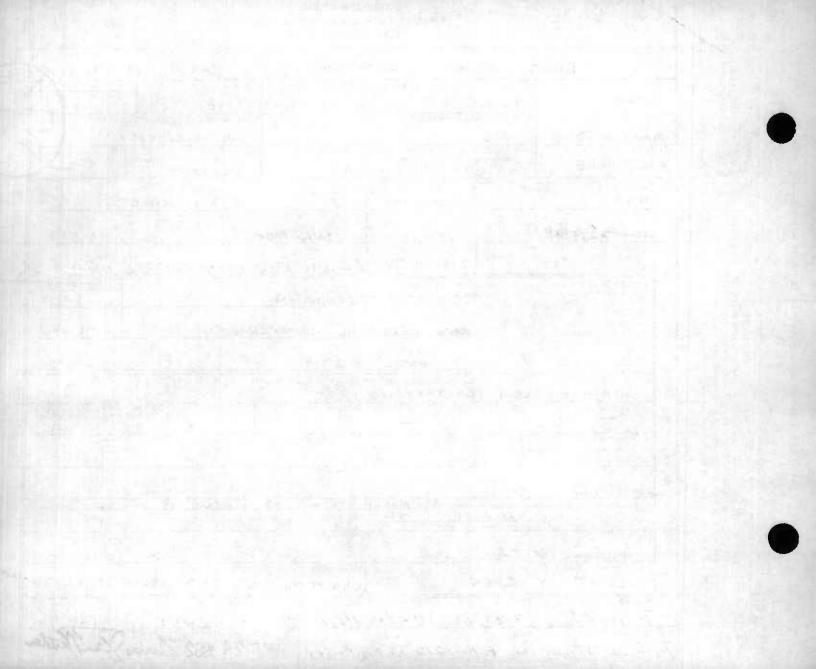
Downson in front from the March / Horas (comments) - to her Born Kep

3	1	FOR STATE REGISTRAR	DEPAR	TMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	0 6	
		CEASED NAME FIRST	WIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR	2b HOU8
4 65	[TYP	OR PRINTI	LIAM C.	CROMUELL	3	21 82	3 35/
A of a state of a stat	1.58	M	4. RACE LOB	S. DATE OF BIRTH MONTH 12 95 95	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DATE	IF UNDER 24 HRS HOURS MIN.
7 11	Jer B	RTHPLACE THAT OF TOTAL OF	76 CITIZEN OF WHAT COUNTRY	(? 8	9 BALTIMORE CITY OR COU		
TEN BS	1	ON STOM MY	USA	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTO	CIT	Y MD.
2 《 数)	18. C	BOLT :	(IF NOT IN SUCH FACILITY, GIVE STRE		17a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN		BUSINESS OR
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TAND THE STATE OF		Mai	13a. CITY OR TO	TO YES NO []		YUAL. HON	re Pol
MARY mpletel	h	THER'S NAME FIRST A	WIDDLE Cromw	15 MOTHER'S MAIDEN NA FIRST CHENYAIA	ME	Watk	The
IMORE,		VAS DECEASED EVER IN U.S. ARA		CURITY NO. 17. INFORMAN	ADDRESS	/ 1/	DI
LTIM		VES 10	M(5 412-0	5666/Ella Dor	sey 5220	York	Kd.
physic physic pope movel vent, th		PART I. DEATH WAS CAUSED	/ (_)	and real	105 /RESA.	BETWEEN C	MATE INTERVAL
N o o o		2765 IMMEDIATI	DUE TO, OR AS A GONSEQ	HENCE OF	Kr / NEOP		
PRESTON he deoth c he attendir emotion, or froumatic		Conditions, if ony, which gave rise to immediate	(1b) AF	TYPRATION			
W to y the cree		couse to, stating the underlying cause last	DUE TO, OR AS A CONSEQ	UENCE OF			
ires the		PART 2. OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	NINAL DISEASE OR CONDITION	GIVEN IN PART 110	
ORD requ	TION	*					
DIVISION OF VITAL RECORDS, NG PHYSICIAN: The low required that this certificate has been signs the buriol-tronsit permit. Then the ord Membel Hygiene prior to borked or them 18 shows, pay injury.	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF	YES, WERE FINDIN RTIFYING CAUSES YES []	OF DEATH?
IAN: The physicion. ifficate ho i-tronsit peo ol Hygiene	CERI	210. ACCIDENT WAS UNDERLYING		DAY YEAR 21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM		140
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JISIOI Trending the bund Weed or A	MED	21d. INJURY OCCURRED WHILE NOT WHILE	(AT HOME STREET, FACTORY OFFICE	(LEARM, ETC.) 211. LOCATION STREET	CITY OR TOWN	COUNTY	STATE
DINO or o or o or o se os se os eolthi mork		22a.1 certify that (I) (this haspin	all ttended, the deceased from	3/19/2 19 8-	L to 3 /21	19 82	hot (I we last
ATTEN Spritoli CTOR I for u		sow the deceased give on above. (Size) ishall did not	3/21 19.	and that in (my) (aur) opinion	death occurred on the date and	hour and from the a	auses stated
the hort	13	276 SIGNATURE	es o	DEGREE ATTENDING	MEDICAL STAFF	221. DATE	27/87
SPITAL d by the NERAL be detries Stote		22d. PHYSICIAN'S - WE ITYPE OR	R PRINT)	270 ADDRESS	DIRECTOR PHYSICIAN		21/00
TO HOSPITA retoined by TO FUNER should be So with the Sto			JOHN G	orden Sina	1 NOSP		
BP	230	URIAL, CREMATION, REMOVAL	33b. DAJE 23c	NAME OF CEMETERY OR CREMATORY	23 LOCATION 7	COUNTY	STATE
DHMH - 16 50M 1/81	24 F	JNPRAL DIRECTOR	A LI BORES	250. DAT	PRECID. BY REGISTRAR 256 REC	ISTRAR'S SIGNATI	JRE
(VRA 15, 4)	10	very a-s	super 4600	de berty term	KAL1982 //	me Jan	Varthe

STATE OF MARYLAND

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W. W.	1	- STATE REGISTRAR		DEPART	MENT OF HEALTH A		REG. N	0.	0 4	. / 0
		CEASED NAME FIRST	Λ	WIDDLE	LAST			MONTH DA	Y YEAR	26 HOUR
moy be poge 3 er deoth		DAN		A	CUMMIN	165	MARCI	1 19	1982	10:15 A
fter p	3 SI		4 RACE		5. DATE OF BIRTH	YEAR	6. AGE (IN YEARS LAST BIR	THDAY} IF	UNDER TYEAR	IF UNDER 24 HRS
rs o		MALE	BLAC	LK		7 1964	18	YRS		ALIE
I IN De	a. E	SIRTHPLACE (STATE OR FOREIGN	76 CITIZEN O	F WHAT COUNTRY?	MARRIED NEV	ER MARRIED	9 BALTIMORE CITY C	R COUNTY C	OF DEATH	51100
1119		MARYLAND	U.S		WIDOWED	DIVORCED	BALTIMOR	E CITY	4	M
TEN S		ALTIMORE	(IF NOT IN SI	JCH FACILITY, GIVE STREET	ADDRESS)		120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF STUDEN	F WORKING LIFE)	17b. KIND C INDUSTRY	OF BUSINESS OF
No. 1 8	USU	IAL RESIDENCE (IF NURSING HOME OF STATE	OR OTHER INSTITUTIO	N. GIVE RESIDENCE BEFORE	ADMISSION)					
2 33 B	130.	mD 136 COL	JNIY	BALTIM		DE CITY LIMITS?	130 STREET ADDRESS	NAPD	ST	
1 11 1	14. F	ATHER'S NAME			4	ER'S MAIDEN NA		14111615	- 11	
30C		WILLSON LAUR	MIDDLE	CUMMIN	65	WILRY	MIDDLE		S<	DT7
dicol			RMED FORCES?			RMANT	ADDRE	SS		
on ond co		NO NO	IVE WAR OR DATES	218-90-	3367 LAU	RIE CL	immines 7	1036	INNI	9Rd 58
sicro ppers ol.		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	only one couse pe	er line for (a), (b , an	d (c'.)		7		BETWEEN	MATE INTERVAL
ph)			SED BY ATE CAUSE (0)		EM HERM	MOITALL	F			3-4 Days
ding orbo		2849		OR AS A CONSEQUE				11 51.		-1
ove c		Conditions, if ony, which	((b)		EREBRAL	HEMOR	RHAGE		1	wk.
he cemo		gove rise to immediate couse (a), stating the	DUETO	OR AS A CONSEQUE		1 100 14				
by to ase		underlying couse last.	(6)	APLAS		MIA			2	wks.
pled purio y, or		PART 2 OTHER SIGNIFICANT	CONDITIONS				AINAL DISEASE OR CON	DITION GIVEN	VIN PART 10	0
Ther The Infur	N O	STAPH + E		BACTERE						
bee bee	CERTIFICATION	190 DATE OF OPERATION	196 CONE	DITION FOR WHICH	OPERATION WAS PE	RFORMED	20a AUTOPSY?		WERE FINDIN	
hos hos	TIFF				_		YES TI NON	IN CERTIFYII	NG CAUSES	OF DEATH?
hysicinote ronsit Hygir Hygir B sh	CER	210. ACCIDENT WAS UNDERLYING		OF INJURY	21c. HOV	V INJURY OCCUR	RED (ENTER NATURE OF INJUI	EY IN ITEM 18 PAR	T I OR PART 2)	
4 1 0 E	AL	OR CONTRIBUTING CAUSE OF DI		A.M. MONTH DA	AY YEAR					
ding burio Meni or Ite	MEDICAL	21d. INJURY OCCURRED	21e PLACE	OF INJURY	21f LOC	ATION			_	
the the ond	Z	WHILE NOT WHILE AT WORK	(AT HOME S	TREET, FACTORY, OFFICE, F	ARM, ETC) 5	TREET	CITY OR TO	NN	COUNTY	STATE
or Aft offth mor		27a I certify that (I) (this has	outal) attended t	he deceased from	MARCH 2	10 82	- 10 MARCH	19 19	87-	that (I) (we) los
OR OR		sow the deceased alive a	n_MARCH	19 19	82 ond that in (my) (our) opinion	death occurred on the do		and from the	courses stated
RECT RECT ed fi em 2	1	obove, (I) (we) (did) (did n 22b, SIGNATURE	of view the bod	y ofter death.	DEGREE	,,,,			27c. DATE	
F Pool		1.1 11	1. 11.	441	DEGREE	ATTENDING	MEDICAL _ STAF		1	1
Stote de		22d, PHYSICIAN'S NAME (TYPE	1 Ches	- My	27e ADD	PHYSICIAN [DIRECTOR PHYSIC	IAN	3/19	182
should be d	19			- 1	ZZe ADD	KESS A. A.	1.00 225	/ orrang	- 11	0 MD 2
should by with the		WILLIAM	Y. CHE	74	UNIV	OP MD. H	tosp. 22 S.	GKEENE	57.	BALT. I'V.
5 - 4 > 5	23a	BURIAL, CREMATION, REMOVA	L 236 DATE	23c N	NAME OF CEMETERY	OR CREMATORY	23d LOCATION		COUNTY	477004
BP		BURIAL	3/23	/82 C	EdAR Hi	11 Cem	G/EN RURY	lle A	A. Ch	· Md
MH - 16 50M 1/B1	24 F	UNERAL DIRECTOR	/ /			25a DAI	TE REC'D. BY REGISTRAR		FENAT	m.
(VRA 15, 4)	17	PANNE TAOM	SON F	H. 10/5	1.1 RAK.	74. 16	AR 24 1982	Courses	Jan	/ killen



	ems 5,6 g56! FOR per F/I REGISTRAR	11	STATE OF A DEPARTMENT OF HEALT DICAL EXAMINER'S	H AND MENTAL H	EDEATH	0 6 2 7	1
	ECEASED NAME	FIRST	MIDDLE	LAST	20 DATE KNOWN		R Zb. HOUR
5 8 F	TYPE OR PRINT)	VIRGINIA A	Alice	CUMMINGS	OF ESTI-	□ 3 17 1982	2 M
3. Si f	emale wh	ite July 7,	1917 64 YRS. MON	NDER TYR. IF UNDER	MIN. PRONOUNCED DEAD	3 18 1982	7:42 2 a M
9	BIRTHPLACE (STATE OR FOREIGN COUNTRY) New York	76. CITIZEN OF WH	MARF WIDON	RIED NEVER MARR	Baltimo	or COUNTY OF DEATH	MD.
)10. (City or town of DEAT Baltimore	(IF NOT IN SUCH FAC	PITAL, NURSING HOME, OR OTI CILITY, GIVE STREET ADDRESS) Paul St.	HER INSTITUTION	120 USUAL OCCUPATION (TO FOR MOST OF WORKING LIFE) Clerical	YPE OF WORK 12b KIND OF OR INDUS	STRY
130	UAL RESIDENCE (IF IN NURS	SING HOME OR OTHER INSTITUTION, GIV 36. COUNTY	E RESIDENCE BEFORE ADMISSION) 113c. CITY OR TOWN Baltimore	13d. INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS 3501 St. Pau	l Street	
	FATHER'S NAME FIRST Claude	MIDDLE	Cummings	15. MOTHER'S MAIDE FREST Matti	N NAME MIDDLE	Begell	
160.	WAS DECEASED EVER II (YES, NO, OR UNKNOWN)	N U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES)	166. SOCIAL SECURITY NO. 153-20-8889	Don O. Cu	mmings, 100 N.A	Wellsville Main St.,	, 14895 N.Y.
Z	Canditions, if ar gave rise to in cause (a) stating the lying cause last. PART 2 DTHER SIGNIFICANT	DUE TO, OR. (b) DUE TO, OR. (c)	POPTENSIVE CARC AS A CONSEQUENCE OF UT NOT RELATED TO THE TERMINAL DISEA				
IFICATION	19a. DATE OF OPERAT	ION 196. CONDIT	ION FOR WHICH OPERATION V	VAS PERFORMED?		20 AUTOPS	SY?
MEDICAL CERTIFICATION		R AUSE OF DEATH P.M.	MONTH DAY YEAR	OW INJURY OCCURRE	D (ENTER NATURE OF INJURY IN ITEM)	YES	X ON C
ME	WHILE NOT W	VHILE STREET, FACTO		STREET	CITY OR TOWN	COUNTY	STATE
		naak charge of the remains desc Natural causes X,	cribed abave, held an Autan Accident , Suicide	, Inspection Ins	Undetermined manner	and in my apinian	
BALTIMORE, MARYLAND, 21201 PRIOR TO BUR	ACTUAL SIGNATURE	MNDES	<u></u>	A.D. Assistan	+ MEDICAL EXAMINER	DATE 3-18	3-82
2		Ann M. Dixon			t medical examiner denn St., Balto	SIGNED	
2 230. C	EXAMINER'S NAME			ADDRESS111 P		., Md. 21201	

Cutanifette

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ERBERT E. NUTTER FUNERAL HUMB 3035 W. NURTH AVE

STATE OF MARYLAND

Item 17 g566 4/5/82 gj

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL I CERTIFICATE OF DEATH

15

DIVORCED

NO

13d. INSIDE CITY LIMITS

15. MOTHER'S MAIDEN

MARRIED NEVER MARRIED

YES X

17 INFORMAN

21f. LOCATION

22e ADDRES

DEGREE

STREET

ATTENDING

PHYSICIAN

WIDOWED

11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

HYGII		EG. NO.	U	0	2+ 30	1	7
	2a DATE OF DE	ATH MC	3 2		PZ PZ	12 HOU	R O M
	AGE (IN YEARS	,	YRS	IF UNDER	DATS	IF UNDER	MIN.
7	BALTIMORE (UPATION	/	12b. 1		BUSINE	MD SS OR
?	3e STREET ADD	DECC	149+			um L	
NAM	E MI	IDDLE		•	ith		
C	untis	ADDRESS 23	205	w,			4u
٤	57			BE	IWEEN O	NATE INTER	DEATH
R	E Hy;	PER	KA	-21	nie	-	
	. FA						
EKMIN	NAL DISEASE OF						
	YES NO	_ 0	Ob. IF YES, N CERTIFY YES				

18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and ic PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Conditions, if ony, which gove rise to immediate couse (a), stating the **DUE TO** underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE CERTIFICATION

19

196, CONDITION FOR WHICH OPERATION WAS PERFORMED.

DHMH - 16 50M 1/B1 (VRA 15, 4)

(SPECIFY)

23a. BURIAL, CREMATION, REMOVAL

FOR

- STATE

20. BIRTHPLACE

13a STATE

MEDICAL

4. FATHER'S NAME

LYES NO OR UNKNOWN)

19a. DATE OF OPERATION

21d INJURY OCCURRED

210. ACCIDENT WAS UNDERLYING

OR CONTRIBUTING CAUSE OF DEATH

(IF EITHER NOTIFY MEDICAL EXAMINER)

NOT WHILE AT WORK

CIAN'S NAME TYPE OF B

sow the deceased alive on above, (1) (we) (did told not

22a.1 certify that (1) (this haspital) attended the degeosed from

23b. DATE

COUNTRY

3 SEX

REGISTRAR 1. DECEASED NAME (TYPE OR PRINT)

JOHN

13b COUNTY

MIDDLE

(IF YES, GIVE WAR OR DATES)

LSTATE OR FOREIGN

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

4 RACE

76 CITIZEN OF WHAT COUNTRY?

LIF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)

21b. TIME OF INJURY

P.M

21e PLACE OF INJURY

HOUR A.M. MONTH DAY YEAR

(AT HOME STREET, FACTORY OFFICE, FARM, ETC.)

U.S. A

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

13c. CITY OR TOWN

23c NAME OF CEMETERY OR CREMATORY 23d LOCATION

MEDICAL

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

CITY OR TOWN

and that in (my) (our) opinion death accurred on the date and hour and from the causes stated

DIRECTOR PHYSICIAN

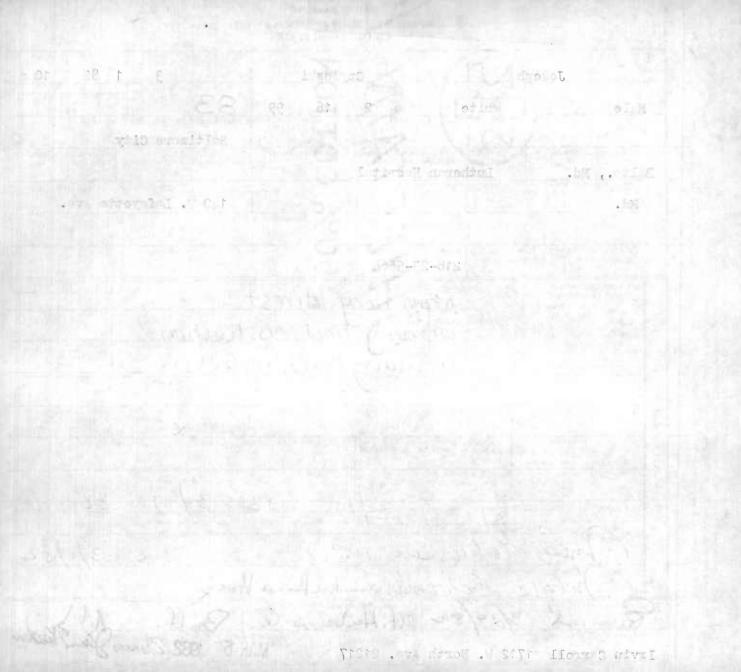
COUNTY

22c. DATE SIGNED

STATE

JOHN STREETS The state of the same of the same They I have made to stage that amin the state of the s

STATE OF MARYLAND



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death. Page

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and campletely filled in by the internal describes should be detached for use as the burial-transit permit. Then please remove carbon popers. Pages 1 and 2 should be filed within 72 hours after with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, or removal.

moy be

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYC

E Ö	him		U	0	de	B
	REG. N	10.				
DATE OF	DE ATH	MONTH	DAY	YE.	AR :	L HOUR

- STATE REGIS	TRAR .		CERTI	FICATE OF DEATH	REG. NO.	0 0 . 0
T DECEASED		fela	D'AMICO	Damico		TO SEL SE TO SEAR SE HOUR
COUNTRY)	CE (STATE OR FOREIGN		Caue. MONI	OF BIRTH OAY FD NEVER MARRIED	BALTIMORE CITY OF C	MONTHS BAYS HOURS MIN
7 Ba	OWN OF DEATH	Merc	WIDOW HOSPITAL, NURSING HOME CH FACULTY, GIVE STREET ADDRESS) HOS	OR OTHER INSTITUTION	120 USUAL OCCUPATION Machine Upe	
Ma.	13b CO	Balto.	GIVE RESIDENCE BEFORE ADMISSION	134 INSIDE CITY LIMITS?	13e STREET ADDRESS 916 Fawn St	
Sant	o Vasta	WIDOLE	LAST	15 MOTHER'S MAIDEN N	AME	LAST
160 WAS DEC	EASED EVER IN U.S.	ARMED FORCES?	166 SOCIAL SECURITY NO. 215/16/6673	Carmel Damic	o 916 Fawn St	
gove couse underl	tions, if any, which rise to immediate (a), stating the ying cause last	(b)	IR AS A CONSEQUENCE OF	Possible Puls	1	
CERTIFICATION 19a DAT	e of operation	196 COND	ITION FOR WHICH OPERATIO	ON WAS PERFORMED	20a AUTOPSY?	Db. IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH? YES NO NO
ORCOM	TRIBUTING CAUSE OF DEER NOTIFY MEDICAL EXAMIN	EATH HOUR A.	DFINJURY .M. MONTH DAY YEAR M. 19	21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN	
WHILE AT WORK	URY OCCURRED NOT WHILE AT WORK		OF INJURY REET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR FOWN	COUNTY STATE
22b. SIG	rtify that (I) (this has the deceased alive ove. (I) (we) (did) (did SNATURE	not) view the body	19	DEGREE ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN	. 19, that (I) (we) and hour and from the causes stated 22c DATE SIGNED 7-)-12
23a. BURIAL, (mbment	23b. DATE 3/10/	23¢ NAME OF	TEMETERY OR CREMATORY deemer Rd. Ba	123d, LOCATION	-

BP.

retained by the hospital ar attending physician

DHMH - 16 50M 1/81 (VRA 15, 4)

DELLA NOCE & SONS 322 S. "HIGH ST.

10 1982 Trances San Narthen

. In the section work of the section of . of term A Section 19 Let us to the later to the late · 5/1//63 ; 11 ico 9 AND A COURT OF THE PROPERTY OF

any injury, ar other traumatic event, the

should be detoched for use as the buriol-transit permit. Then please remove corbon-page with the State Dept, of Health and Mental Hygiene prior to buriol, cremation, or removal

MPORTANT: If Item 21 is marked or Item 18 shaws

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	1.	FOR STATE REGISTRAR		DEPARTA		HEALTH AND MENTAL HYG	IENE O Z	10	0 4	ਹ	La
		CEASED NAME FIRST GUS J	OHN D®A	MICO		LAST	3-14-8	MONTH DA	AY YEAR	26 HOUR	A .M
	3. SEX	ale	Caucas	i an	5 DATE C	DF BIRTH 17-1°912 YEAR	6 AGE (IN YEARS LAST BI	-	FUNDER I YEAR	IF UNDER 2	MIN.
	Art. BI	RTHPLACE (STATE OR FOREIGN		VHAT COUNTRY?	8		69 yr		OF DEATH		
2		alto.	USA		WIDOWE		Baltimo		ty		MD.
0		TY OR TOWN OF DEATH Balto.	6232 W	alther	Aver	DR OTHER INSTITUTION	Tallyman	ION DE WORKING LIEFL	nited	BUSINES Fr	uit
5	₿a. S	AL RESIDENCE (IF NURSING HOME OF		Balto.		13d INSIDE CITY LIMITS?	13.6232 Wa	lther	Ave.		Co
2		ther's NAME homas D'Amic	MIDDLE	LAST		Rose Papa		1	LAST		Ţ
	n N	(AS DECEASED EVER IN U.S. ARES NO OR UNKNOWN) (IF YES. GIT		166 SOCIAL SECU 16-03-3		Mary C. D	'Amico 62			206 Ave.	
		Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost	(b)	AS A CONSEQUE	NCE OF	10 Contia					
	TION			Grant St.		NOT RELATED TO THE TERM					
}	CERTIFICATION	190 DATE OF OPERATION	196. CONDII	ION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?		WERE FINDIN		H?
	MEDICAL CE	210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEALST HE EITHER NOTIFY MEDICAL EXAMINES	P. <i>N</i>	N. MONTH DA	Y YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF IN)	RY IN ITEM 18 PAR	RT 1 OR PART 2)		
	MED	WHILE OCCURRED WHILE OT WHILE OF AT WORK	21e PLACE O	F INJURY ET, FACTORY, OFFICE, FA	ARM, ETC }	21f. LOCATION STREET	CITY OR TO)WN	COUNTY	STA	ATE
		22a.1 certify that (1) (this hosp saw the deceased alive an above (1) (we) (did) (did no 22b. SIGNATURE	2	122 101	200	nd that in (my) (our) opinion of DEGREE ATTENDING	death accurred on the d	ate and hour o	9, to and from the c 22t. DATE S	ouses state	
		22d. PHYSICIAN'S NAME (TYPE C	OR PRINT)			PHYSICIAN 2	DIRECTOR PHYSI	IAN []	1		
		Dr. Nester					arford Ro	ad			
	23a B	urial, cremation, removal SPE B U rial	3-17-			Redeemer Cen	n. 23d. LOCATION	o., Mc	OUNTY	STA	ATE

DHMH - 16 50M 1/81 (VRA 15, 4)

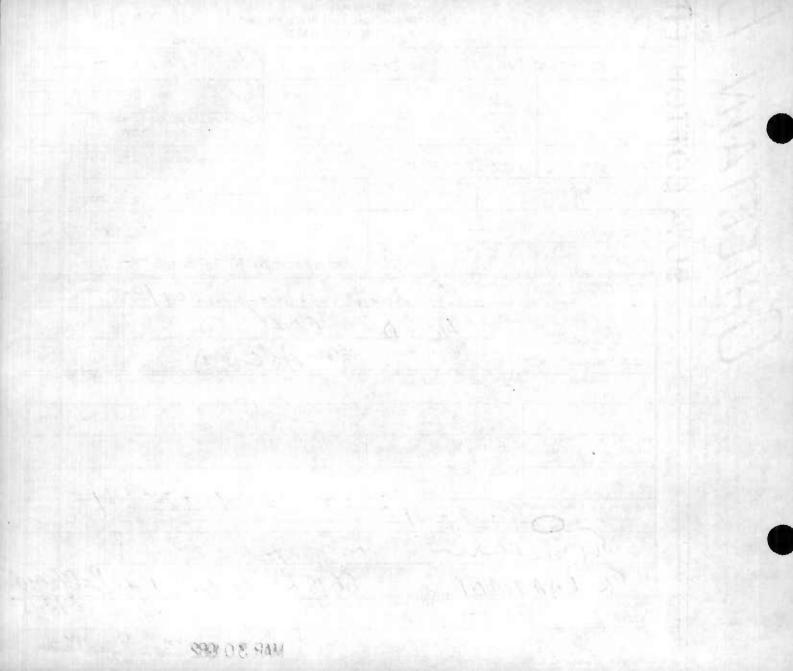
24 FUNERAL DIRECTOR INC. NAME Schimunek Funeral Mome, Inc. 3331 Brehms Lane 21213

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

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DOMEST REPORTED A A A A SALE OF A SALE

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE



injury, or ather traumatic event, th

IMPORTANT: If them 21 is morked or them 18 shaws any

DHMH - 16 50M 1/B1 (VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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1.	FOR STATE REGISTRAR			EALTH AND MENTAL HYG	IENE 8 2	0.6	284
	CEASED NAME FIRST	MIDDLE	ı	AST	20. DATE OF DEATH		YEAR 26 HOUR
	Franc	is Xavi	ier I	Davey	March 4,	1982	5 P. M
3 SE	Х	4 RACE	5 DATE C		6 AGE (IN YEARS LAST BIR	THDAY) IF UNDER	
	Male	White	Apr	ril 8 1963	78	YRS.	DAYS HOURS MIN.
, 7a. B	IRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT CO	OUNTRY? 8	NEVER MARRIED	9 BALTIMORE CITY	R COUNTY OF DEA	ATH
	Md.	U.S.A.	WIDOWE	D DIVORCED	Baltin	more Cit	y MD.
	altimore	11. NAME OF HOSPITA (IF NOT IN SUCH FACILITY, 2810 C1	L, NURSING HOME OF GIVE STREET ADDRESS) Lfton Par		Stock Cl	E WORKING LIES INDI	KIND OF BUSINESS OR USTRY Cormack Co
USU 13a	AL RESIDENCE (IF NURSING HOME OF STATE 136 COUL	R OTHER INSTITUTION GIVE RESID NTY 13¢ CITY		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 2810 C		rk Etrac
14 F/	Patrick	MIDDLE	Davey	15. MOTHER'S MAIDEN NAI Mary	Ann MIDDLE	C	allahan
			-05-4678	Eleanor Da	vey (wife		ddress
	PART I. DEATH WAS CAUSE WMEDIA Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CO	CCARDIA ONSEQUENCE OF	L INTERC	TICH	95	APPROXIMATE INTERVAL TWEEN ONSET AND DEATH
NO	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBU	TING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN P.	ART 100
CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FO	R WHICH OPERATION	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE IN CERTIFYING C. YES	FINDINGS USED AUSES OF DEATH?
	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.	AIN .	NTH DAY YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART 1 OR P	ART 2)
MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJUR (AT HOME STREET, FACTO		211 LOCATION STREET	CITY OR TO	wn cou	NTY STATE
		1/27	19.82 , on a l	19 75 Id that in (my) (our) opinion of DEGREE ATTENDING PHYSICIAN 22e ADDRESS 3201 No.	MEDICAL STAI DIRECTOR PHYSIC	pte and hour and fro	that (I) (we) lost om the couses stated DATE SIGNED 3/5/\$2
	BURIAL, CREMATION, REMOVAL (SPECIFY Burial	3/8/82	Lorra	emetery or crematory ine Park	23d LOCATION Balt	O •	Mã^₁ĕ
24 Ft	Schimunek Fu 3331 Brehms		e Inc.		MAR 8 1982	25b. REGISTRAR'S SI	IGNATURE .

0 0 0 ASSET OF THE PROPERTY AND ASSETS.

9	TATE OF M	ARYLAND	
DEPARTMENT	OF HEALTH	AND MENT	AL HYGIENE
CPI	STIFLEAT	OFBEAT	

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	10.				M.

Male White Mar. 8, 1927 54	
JAMES TODD DAVIES, JR. 3. SEX 4 RACE White S. DATE OF BIRTH MONTH MONTH MAR. 8, 1927 54 YEAR YEAR YEAR YEAR YEAR YEAR YEAR YEA	Zu HOOK
Male White Mar. 8, 1927 54	82 645PM
Male White Mar. 8, 1927 54 YRS.	ONTHS DATE HOURS MIN
	DATS HOURS MIN.
76 BIRTHPLACE (STATE OR FOREIGN 76, CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 BALTIMORE CITY OR COUNTY C	OF DEATH
Maryland USA widowed Divorced □ Baltimore Ci	ity MD.
10. CITY OF TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION	12b. KIND OF BUSINESS OR
Baltimore University Hospital Supervisor	Glass Co.
USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION OF RESIDENCE BEFORE ADMISSION) 136. STATE 136 COUNTY 137. CITY OR TOWN 138 INSIDE CITY LIMITS? 138 STREET ADDRESS	
Maryland Baltimore YES ▼ NO □ 6503 Eastern	Parkway
14 FATHER'S NAME FIRST MIDDLE 1AST FIRST MIDDLE	
lames Todd Davis C. D	Saunders
160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS (YES, NO ORUNKNOWN) 1 (IF YES, GIVE WAR OR DATES)	
Yes WW II 216 20 2933 Mrs. Lucindy W. Davies	Same
18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSE OBY: IMMEDIATE CAUSE (0) Heratic + Respiration facilities	126
1/6 29 DUE TO, OR AS A CONSEQUENCE OF	1
Conditions, it ony, which (b) Swall all caracona of lung	1 4r
gove rise to immediate couse (a), stating the DUETO, OR AS A CONSEQUENCE OF	
underlying couse lost	The present the
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN	N IN PART 110
190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 206. IF YES, Y IN CERTIFY! YES NO YES 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN 115 M. 18. P. AR	WERE FINDINGS USED
YES X NO YES	ING CAUSES OF DEATH?
216. ACCIDENT WAS UNDERLYING . 216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN 115 M. 18 PAR	
HOUR AM MONIH DAY YEAR	
HOUR AM MONIH DAY YEAR	
OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR I (IF EITHER NOTIFY MEDICAL EXAMINER) 71d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, EARM, ETC.) 21f. LOCATION STREET CITY OR TOWN	COUNTY STATE
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED NOT WHILE AT WORK NOT WHILE AT WORK 220.1 certify that (1) (14 his haspital) attended the decepsed from 220.1 certify that (1) (14 his haspital) attended the decepsed from	COUNTY STATE
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK 270.1 certify that (I) (this haspital) attended the deceased from the date and house sow the deceased alive on 3 19 2 and that in (my) (earl aging death accurred on the date and house sow the deceased alive on 3 19 2 and that in (my) (earl aging death accurred on the date and house	9 . that (I) (week last
OR CONTRIBUTING CAUSE OF DEATH	ond from the couses stated
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, EARM, ETC.) 22e. I certify that (1) (this hospital) attended the deceased from 30 sow the deceased alive on obave, (1) certified (did not) view the body offer death. DEGREE ATTENDING MEDICAL STAFF	9 . that (I) (week last
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WHILE AT WORK AT	ond from the couses stated
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM ETC.) 22e. I certify that (I) (this haspital) attended the deceased from sow the deceased alive on obove, (I) (worldid) (diction) view the body offer death. DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN	ond from the couses stated
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OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM ETC.) 22e. I certify that (I) (this hospital) attended the deceased from sow the deceased alive an above, (I) certify (I) (did not vivey the body offer death. 22b. SIGNATURE 22c. PHYSICIAN'S NAME (TYPE OF PRINT) 22c. PHYSICIAN DIRECTOR PHYSICIAN 22c. ADDRESS BARREL BARREL BARREL BARREL BARREL BARREL BARREL BARREL BAR	ond from the couses stoted 22c. DATE/SIGNED 3/4/82 COUNTY STATE
OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR	22c. DATE SIGNED 3/4/82

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,		1. DEC	CEASED NAME	FIRST		MIDDLE			LAST			2a. DATE	KNOWN		DAY	YEAR	Zb. HOUR
	20025	(TYP	E OR PRINT)	RUDDY		J.		D	AVILA			OF	MATED [3	17 1	982	M
	Y, REASE IRECTOR UR FILES. 12 HOURS N STREET,	3. SEX		4. RACE	5. DATE OF BIRTH		6. AGE (IN YEA	RS IF UN	DER 1 YR.	IF UNDER		2c. DATE	ICED	HTMOM	DAY	YEAR	2d HOUR
	× 1828	m	ale	white	3 7	1961	27 YR	MOISI	15 DAYS	HOURS	MIN.	DE AD	ACED	3	17 1	982	10:30
-	NECESSARY UNFRAL DIR S FOR YOU WITHIN 72	7a. BI	RTHPLACE (STA		Th. CITIZEN OF W	VHAT COUN	NTRY?	8. MARR	ED NE	VER MARRI	ED 🛣	9. BALTIM	ORE CITY	OR COUN	TY OF DE	ATH	
-			shingto		USA		WIDOW					Baltimore Ci			TY 176 KIND OF BUSINESS		MD.
	PAGE PAGE	ID CI	TY OR TOWN C	OF DEATH	11. NAME OF HO			OR OTH	ER INSTITU	TION	FORA	AOST OF WOR	KING LIFE)	PE OF WORK	OR I	D OF BUS INDUSTR	Y
	#Pa #	I SILA	Bal	timore	Unive	rsity	Hospit	al			St	udent	,		HC	Co11	ege
21201	X9E50	lo. S	TATE	136 COUN	TY	13c. CITY	OR TOWN	111)	13d INSIDE CI			EET ADDRE					
0.21	SHORE SHOW		aryland	Harf	ord	Aber	deen		YES X	NO .) Jenr	ifer	Lane			
E, MD.	PS TH		FIRST		MIDDLE		LAST		F	IRST		М	IDDLE			AST	
NOR I	A A A B B B B B B B B B B B B B B B B B	16a. V	Jesus VAS DECEASED	EVER IN U.S. AR	MED FORCES?	Davi]	a.	NO.	17. INFORA	stina	2		ADDRES	22	eves		
BALTIMORE,	AFTE SIGNS SIGNS		ES, NO, OR UNKNOV	VN) (IF YES, GIVE	WAR OR DATES)	276	-81 - 837	2	Locus	Davi	72 6	En Ta	Mary]	Land 2	21001	onde	on
:	WITH PARTY			DEATH (Enter an	ly ane cause per lin			2	Interains	Davi	با و الاساب	20 00		T TIGH	APPR	ROXIMATE	
N ST	FINE THO	- 3	PART I DE	ATH WAS CAUSEI	D BY: TE CAUSE (a)	Crani	o-ceret	ral	iniur	ies					BETWE	EN ONSET	AND DEATH
PRESTON	A A LO	autos.	812	0			SEQUENCE C					шп				7.71	
g	NER ANS	7		s, if any, which e to immediate	(b)												
×	PEN WEN AMIL		cause (a) lying caus	stating the <u>under</u> - se last.	DUE TO, O	R AS A CON	NSEQUENCE C	F									
5, 201	NO A EX EX				(c)												
DIVISION OF VITAL RECORDS,	PINA BILL	z	PART 2 OTHER SIG	INIFICANT CONDITIONS	CONTRIBUTING TO DEAT	H BUT HOT REL	ATED TO THE TERM	NAL OISEASI	OR CONDITION	N GIVEN IN PAR	RT 1 (a).						
REC	MEAL CR	5	19a DATE OF	OPERATION	III COND	ITION FOR	WHICH OPER	ATION W	AS PERFOR	MED?					2D. AL	TOPSY?	
TAI	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELICACION THE CERTIFICATE, WRITING THE WORD." PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AND 3.10 PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM. 3. RETAIN PAFES DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL PRECEDS 1 AND 2 SHOULD BE AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF WITH RECORD BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.	CERTIFICATION	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?										s 😡	№ П			
, A				L CAUSE WAS	216. TIME C	OF INJURY		21c. H	OW INJURY	OCCURRE	D (ENTER N	NATURE OF IN	JURY IN ITEM 1	8 PART I OR P		3 LA	110 🖸
ONC.	SHOPE'S	¥	UNDERLYING CONTRIBUTIN	X OR IG ☐ CAUSE OF I		и. 3-1	DAY YEAR	Dri	ver i	n aut	o/tr	actor	trai	ler c	olli	sion	
VISIO	ERTI ING ED T 3 SH PRIC	MEDICAL	21d. INJURY O	CCURRED	21e PLACE	OF INJURY	(AT HOME,	211 LO	CATION		-,	CITY OR TO	1		OUNTY		STATE
ā	WRIII WRIII AAGE ATE [2	AT WORK	NOT WHILE	/	ad	irc.)	U.S		222	& St	. Rt.	275		ecil		Md.
	ATE, TATE, TO NEW PR: PV		220 certif	y that I taak charg	ge of the remains de	escribed abo	ove, held an	Autap	sy X	Inspection	n .	Inquiry	<u> </u>	and in my o	pinian		
	MERCE DE CE	1	death resulte	d fron Natur	ral causes ,	Accident	X, Su	cide	. Hamic	ide .	Undete	ermined mo	onner 🔲	,			
	MILD IN WILL WILL WARN	1	ACTIVATE .	M	10-	_	_		,	PECIFY)							
	A HAY		ACTUAL SIGNATURE_	VIV	4	X		M	.d. Ass	istan	T_MED	ICAL EXAM	AINER	DATE SIGN	ED_3-	18-8	2
	MOF MOF	-	EXAMINER'S	NAME AN	n M. Diko	on, M.	D	-	. 1	11 Pe	nn S	+ 6	Ralto	Md	21	201	
	NATIE NATIE	220 0	(TYPE OR PRIN	ION, REMOVAL			NAME OF CEA	ETERY	ADDRESS_					, rid.			
		(\$	SPECIFY)		19 Mar.l		ementer			JK 1		CATION OR TOWN		COL	UNTY	STA	
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39	FOR STATE REGISTRAR	DEF	STATE OF MARYLAND PARTMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	HYGIENE & Z	6 2 8 /
	1. DECEASED NAME FIRST	MIDDLF	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
J *5	(TYPE OR PRINT)	ROTHY H.	DAVIS	March	20 82 120 A.
1000	3. SEX	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR OF UNDER 24 HRS
	Female	White	May 22. 1904	77 YRS	MONTHS DATS HOURS MIN
ي من ع ق	TO BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUN	JTRY? 8	9 BALTIMORE CITY OR COUNT	TY OF DEATH
See of the part of	W. Va.	USA	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CI	
1 1 1/1	10 CITY OR TOWN OF DEATH		URSING HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION	12b. KIND OF BUSINESS OR
102 1 47 179	BALTEMORE	UNTON WEND RI	AL HOSPITAL	Homemaker	Own Home
10 10 10 10 10 10 10 10 10 10 10 10 10 1	USUAL RESIDENCE (IF NURSING HOME IT 130. STATE	OR OTHER INSTITUTION, GIVE RESIDENCE JNTY 136 CITY OF	BEFORE ADMISSION) R TOWN 13d. INSIDE CITY LIMITS	S? 13e. STREET ADDRESS	
NA MINE EN	Maryland		imore YES X NO D	100 W. Cold	Spring Lane
3 / 野頭	14. FATHER'S NAME	MIDDLE LAS	15 MOTHER'S MAIDEN	NAME	
A MISDO	Edward	_	nilton Edna	MIDDLE	Lewis
RE,	160 WAS DECEASED EVER IN U.S. A	ARMED FORCES? 166 SOCIAL	SECURITY NO. 17 INFORMANT	ADDRESS	LCWIS
OW BOD B	(YES, NO OR UNKNOWN) (IF YES, C	GIVE WAR OR DATES) 216 4	6 4297 Allan C.	Davis	Same
ALT the factor		only one couse per line (o), (/	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
from the sent,	PART I. DEATH WAS CAUS	SED BY:	-diogenic Show	ek	BETWEEN ONSET AND DEATH
IS N	A S C A		THE RESIDENCE TO SERVICE OF THE PERSON NAMED IN		
OTS fend	Canditions, if any, which	DUE TO, OR AS A CON	EUM DEOCCAL Se	05/5	
PRE de	gave rise to immediate	(6)	المارة المارة المارة		
W to the state of	cause (a), stating the underlying couse last.	DUE TO, OR AS A CON	SEQUENCE OF		
201	DART O CYLIFD CICALIFICANI	(c)			
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PSYSECIAL The law requires that the death certificate be executed. The law requires that the theory of the law rangued by the attending physician and constitution. It is the burnel from the burnel from the burnel remover carbon papers. Pages I land 2 stidulg be fill the and Mental Hyplene prior to burnel companion or removal. The and Mental Hyplene prior to burnel companion or removal. The and Mental Hyplene prior to burnel communic event, the medical extension which be an arked or them 18 shows after injury, or other froumance event, the medical extension which be an arked or them.	PART 2 OTHER SIGNIFICANT	Staphisea	PROUMON CO		IVEN IN PART 1(0)
CO Day	4 190 DATE OF OPERATION	19b. CONDITION FOR W	HICH OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YI	ES, WERE FINDINGS USED
AL M. C.	13/19/82	120/p out	- I schamic bowe		TIFYING CAUSES OF DEATH?
The state of the s	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c. HOW INJURY OC	CURRED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)
古 芸 生音 生人	OR CONTRIBUTING CAUSE OF D		H DAY YEAR		
ON Branch	(IF EITHER NOTIFY MEDICAL EXAMIN	21e. PLACE OF INJURY	211 LOCATION		
VISI	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, C	OFFICE, FARM, EN STREET	CITY OR TOWN	COUNTY STATE
D A A S S S S S S S S S S S S S S S S S	22a 1 certify that (I) (this has	pitol) offered of the deceased f	3/17/82 10	3/20/82	, 19, that (I) (we) lost
AT TO SEE	saw the deceased alive a	3/20/82	1,00	nion death occurred an the date and ho	
A A A A A A A A A A A A A A A A A A A	abave, (1) (we list it toleton 22b. SIGNATURE	view the bady after death	DEGREE		22c. DATE SIGNED
0 4 0 4 4	(Yax	111 ()	ATTENDIN	G MEDICAL STAFF	
by by ERA Stot	22d. PHYSICIANI NAME ITH	CC Su	22e ADDRESS	N DIRECTOR PHYSICIAN	3/20/82
O HOSPITA O HOSPITA TO FUNER should be d with the Sta	VRA	GOLAUSKI	UNW	n Memorie &	the mile
TO HOSP TO FUNE should be with the S	22- 01/0/4/ CD54: 77/0/4 05				Majilla
711	23a BURIAL, CREMATION, REMOVA		231 NAME OF CEMETERY OR CREMATO	ORY 23d LOCATION CITY OR TOWN	COUNTY
1/6BP	Burial	3/22/82	Druid Ridge	Pikesville,	NOW Then
DHMH - 16 50M 1/81 (VRA 15, 4)	24 FUNERAL DIRECTOR Hen			11 ARD 2 2 1982 256 MEGA	MEARS SIGNATIONE
(*10.13, 4)	4905 York Road	d Balto. Mo	1. 21212	(11.	

LA CHARLES TO THE PARTY OF THE PARTY. ten , a ven sur 120 ... no frince le . N oot Entimore & Stomiffed = FORENCIAS E. Harillon Eans Lewis har. ate de dest balled C. Davisu de San a Carding parks shoots ... Liver Dans Convert social divid istie, Finu Learner W. Janking III sone Sc. MECE YOR FROM Salto., NO. 212121

STATE OF MARYLAND

STREET OF PURE DESCRIPTION OF THE STREET See See Transport to the Section Con Contract Co STATE OF THE SOUND STATE OF THE STATE OF THE

1	1. DE	REGISTRAR CEASED NAME	FIRST	,	WIDDLE	CERTIF	ICATE OF DEATH	REG. N		DAY YEAR 26 HOUF
		OP OPIN.TI	Jam		ÖSTER	j	Davis	78. DATE OF BEATH	-	0 82 12
	3. SE			RACE	aue.	S. DATE C		6. AGE (IN YEARS LAST BIR	THDAY)	IF UNDER LYEAR IF UNDER 2
35	1	RTHPLACE (STATEOR POUNTRY) aryland	FOREIGN 76	CITIZEN OF	WHAT COUNTRY?	MARRIEI WIDOWE		Baltinosecity o		
37	В	altimore		Mero	cy Hospi	tal	DR OTHER INSTITUTION	120 USUAL OCCUPATION OF THE CONTROL	on of working life nerch	126. KIND OF BUSINES INDUSTRY ant
335	130. S Ма	AL RESIDENCE IF NURS STATE ryland	136 COUNT	Υ	Baltimo	V	13d. INSIDE CITY LIMITS? YES X NO [Bel	vadore Ave
300	14. FA	THER'S NAME ISaac		mes	Davis	3	IS. MOTHER'S MAIDEN NA Charlot			Hall
medical	()	VAS DECEASED EVER LES NO OR UNKNOWN) LES Army	IN U.S. ARMI	VAR OR DATES)	332-18-		17 INFORMANT Lynda Mil:	565°¶ ligan Chal	fille	reek Road Pa. 189
her traur	FICATION	Conditions, if ony, gove rise to imm couse (a), statin	nediate g the	DUE TO, OF	R AS A CONSEQUE	- 1	le Myeloma	-		
ws any injury, or ath	IFICATION	underlying couse	VIFICANT CO		ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	20a AUTOPSY?	20b. IF YES, IN CERTIFY	, WERE FINDINGS USED YING CAUSES OF DEATH
2 Shows any	AL CERTIFICATION	PART 2. OTHER SIGN 19a DATE OF OPERAT 21a ACCIDENT WAS UND OR CONTRIBUTING C	NIFICANT CO	21b. TIME O. HOUR A.	DNTRIBUTING TO D ITION FOR WHICH (F INJURY M. MONTH DA	OPERATION Y YEAR		200 AUTOPSY?	20b. IF YES, IN CERTIFY YES	WERE FINDINGS USED YING CAUSES OF DEATH
Auo smo 2	MEDICAL CERTIFICATION	PART 2. OTHER SIGN 19a DATE OF OPERAT 21a ACCIDENT WAS UND	DERLYING	21b, TIME O HOUR A.	DNTRIBUTING TO D ITION FOR WHICH (F INJURY M. MONTH DA M.	OPERATION Y YEAR 19	n was performed	200 AUTOPSY?	20b. IF YES, IN CERTIFY YES	WERE FINDINGS USED YING CAUSES OF DEATH
Vept. or nearth and mental nyglene practitem 21 is marked or Item 18 shaws any in		Underlying couse PART 2. OTHER SIGN 19a, DATE OF OPERAT 21a, ACCIDENT WAS UND OR CONTRIBUTING	DERLYING CAUSE OF DEATH CAL EXAMINER) THE CAUSE OF DEATH CAL EXAMINER)	21b. TIME O HOUR A./ 21e. PLACE ((AI HOME, STR)) ottended the view the body.	DNTRIBUTING TO D ITION FOR WHICH (FINJURY M. MONTH DA M. OF INJURY LEET, FACTORY, OFFICE, FA e deceosed from	OPERATION Y YEAR 19 ARM, ETC.)	21L LOCATION STREET 19 Id that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN	200 AUTOPSY? YES NO NO NOTE: RED (ENTER NATURE OF INJUITY OR TO CITY OR TO death occurred on the do	20b. IF YES, IN CERTIFY YES RY IN ITEM 18 PA	WERE FINDINGS USED YING CAUSES OF DEATH OF THE PRICE OF T
18 shows any	MEDICAL	Underlying couse PART 2. OTHER SIGN 19a DATE OF OPERAT 21a ACCIDENT WAS UNE OR CONTRIBUTING CORE (IF EITHER NOTIFY MEDIC 21d INJURY OCCURE WHILE NOT WHAT WORK AT WORK 22a. certify that (1) sow the decease above, (1) (we) (c)	DERLYING CAUSE OF DEATH ALEXAMINER CONTROL RED (this hospital d dive on did) (did not)	21b. TIME O HOUR A./ 21e. PLACE ((AI HOME, STR)) ottended the view the body.	DNTRIBUTING TO D ITION FOR WHICH (FINJURY M. MONTH DA M. OF INJURY e deceosed from ofter death. 19 23., N	OPERATION Y YEAR 19 RMM, ETC.)	21L LOCATION STREET 19 Id that in (my) (our) apinion DEGREE A A A ATTENDING	200 AUTOPSY? YES NO D RED (ENTER NATURE OF INJUI CITY OR TO deoth occurred on the do MEDICAL STAI DIRECTOR PHYSIC ### HOS. 1236 LOCATION	20b. IF YES, IN CERTIFY YES RY IN 11EM 18 PA WN , I	WERE FINDINGS USED (ING CAUSES OF DEATH

LAST

15

YES X

DAVIS

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO 20. DATE OF DEATH 2b. HOUR 2 1982 March 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS 9. BALTIMORE CITY OR COUNTY OF DEATH Baltimore City 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY 13e STREET ADDRESS 3106 Wolcott Street 15. MOTHER'S MAIDEN NAME MIDDLE Locust

5. DATE OF BIRTH 4. RACE 3 SEX B M To BIRTHPLACE 76. CITIZEN OF WHAT COUNTRY? I STATE OR FOREIGN MARRIED NEVER MARRIED N.C. USA WIDOWED A 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION MIDTOWN HOME, Baltimore

Jesse

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 1136 COUNTY 13c. CITY OR TOWN Md Baltimore 14 FATHER'S NAME

MIDDLE Davis In WAS DECEASED EVER IN U.S. ARMED FORCES?

IMMEDIATE CAUSE (o

16b SOCIAL SECURITY NO 17 INFORMANT 244-10-0708A

18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).

LAST

ULMONARY EMBILUS.

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

DUE TO, OR AS A CONSEQUENCE OF

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

AT HOME, STREET, FACTORY, OFFICE FARM, ETC.)

16

DIVORCED [

NOF

Annie

13d INSIDE CITY LIMITS?

DUE TO, OR AS A CONSEQUENCE OF

710 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR

OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e. PLACE OF INJURY

PART I. DEATH WAS CAUSED BY:

Conditions, if ony, which gove rise to immediate couse (a), stoting the

underlying couse

190 DATE OF OPERATION

NOT WHILE

22a. I certify that (I) (this haspital) attended the deceased from sow the deceased alive on_

P.M

January

211. LOCATION

CITY OR TOWN

20e AUTOPSY?

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

March 2

NO

ADDRESS

Mary Ross 3106 Wolcott Avenue

COUNTY

20b. IF YES, WERE FINDINGS USED

IN CERTIFYING CAUSES OF DEATH?

22c. DATE SIGNED

NO [

STATE

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

19

DEGREE PATTENDING PHYSICIAN []

DIRECTOR PHYSICIAN

- STATE

REGISTRAR

(Jessie)

Jesse

No

CERTIFICATION

0

morked

DECEASED NAME

230 BURIAL, CREMATION, REMOVAL (SPECBurial

3/6/82

23¢ NAME OF CEMETERY OR CREMATORY King Memorial Pk.

23d. LOCATION

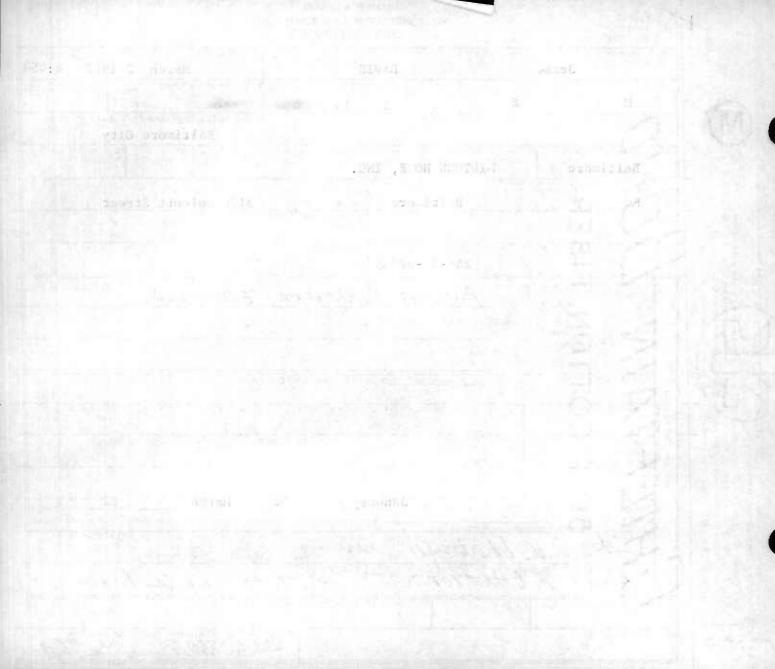
Baltimore

1101 E. North Ave. Wm. C. March F/H

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

DHMH-16 30M 2/80 (VRA 15, 4)

24 FUNERAL DIRECTOR



- STATE

REGISTRAR

DECEASED NAME

Same APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH THEFTERMINA WEFASE OF CONDITION GIVEN IN PART 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE (aur) apinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED Harleigh Cemetery Camden. New Jersey 250. DATE REC'D. BY REGISTRAR 255 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR Henry W. Jenkins & Sons Co. DHMH - 16 50M 1/81 (VRA 15, 4) 4905 York Road Balto., Md.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

LAST

REG. NO

MONTH

IF UNDER I YEAR

INDUSTRY

Starkey

126 KIND OF BUSINESS OR

Steel

20 DATE OF DEATH

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	医复数复音)	3. SEX	(14.	Kathr RACE	S. DATE OF BIRTH	Lee	AGE (IN YEAR		DERIVE	IF UNDER	24 HRS	2c. DATE		MON1		1982 YEAR	24 HOLIR
200	国际负责			White	MONTH DAY	YEAR	LAST BIRTHDAY			HOURS		PRONOUN	1CED			0.0	5:49
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	SAN OR ALL	FC	REIGN COUNTRY)							VER MARR	IED X			_		DEATH	
	W - 2		ennsylva TY OR TOWN OF		U.S.			WIDOW		DIVORC				e Cit		IND OF BU	SINESS
	H. IF ANY DELAY IS NECESS 1, 2, AND 31 OF THE FUNEA 4, 3. RETAIN PAGE 5 FOR 7, 2 SHOULD BE FILED, WITH TALK RECORDS, 21 W. PRES	P	Baitimo	re /	Unive	Sity	Hospita	al	. 11431110	11014	FORM	AOST OF WOR	KING LIFE)		- C	ate of	Y
5	AIN AIN	USUA 13a, S		H31 COUN	OR OTHER INSTITUTION, G	13c. CITY O			13d. INSIDE C	ITY LIMITS?	Ise STRE	EET ADDRE	SS			1 400	Walter
21201	A ME DE S	1000	aryland	A.			rville		YES 🗌	NO 😡		Ches		Ride	re Di	rive	
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, ii	ESE PER	D	Richa	rd I	Merrill	Da		919		Δ		Chris	stine		live		
WO	NO N		VAS DECEASED I		MED FORCES? WAR OR DATES)	166. SOCIA	AL SECURITY	٧٥.	17. INFORA	TNAN			ADDRI	ESSLuit	herv	ille l	Md.
BALTI	4 HOURS AFTER DEATH. TEM 1B. GIVE PAGES 1. SING WITH FORM PM. ERMIT. PAGES 1 AND 2. HENE, DIVISION OF VIEW. AL.		No				40-64	18	Rich	ard N	M. D	avis,			nut :	Ridge	Dr.
1	ANT.		18. CAUSE OF	DEATH (Enter onl TH WAS CAUSED	ly one cause per line										BEI	APPROXIMATE TWEEN ONSE	AND DEATH
NO	IN 24 HO IN ITEM I R ALONG ISIT PERMI HYGIENE, MOVAL.	-	000		TE CAUSE (a)		carbo		noxid	e int	oxica	ation					
EST	ASIT IN SALVENIA		132	if ony, which	DUE TO, OF	AS A CONS	EQUENCE OF								100		
<u>a.</u>	NEW YAR	-	gave rise	to immediate	(b)												
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5, 201	NO PER				(c)												
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	PER A HEA	CERTIFICATION	19a. DATE OF O	PERATION	19b. CONDI	TION FOR W	HICH OPERA	TION W	AS PERFOR	MED?			1.02		20	AUTOPSY?	
VITAL	ひりまるネラー	Ē														YES 🔯	NO 🗆
OF V	W HE OF THE OF T	1 8	21a. EXTERNAL		216 TIME O	FINJURY MONTH E	DAY YEAR	21c. HO	W INJURY	OCCURRE	DIENTERN	NATURE OF IN	JURY IN ITEM	A 18 PART 1 O	R PART 2)		
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DIVISION	CERTING TING 3 SH DEPA	MEDICAL	71d INJURY OC	CURRED	21e PLACE	OF INJURY	(AT HOME.	21f. LOC		0/11/0	40.			II. GG			
2	R: THIS CERTIFICATE SH TE, WRITING THE WOR RWARDED TO THE CH REPAGE 3 SHOULD B E STATE DEPARTMENT CO D, 21201 PRIOR TO BUR	*	AT WORK	NOT WHILE AT WORK		tory, farm, etc.	1	913		tnut	Ridge	e Rd,		keysv	/IIIe	, Bai	to, Md
	CATE, FORW FORW THE ST, AND, 2		22a. Lcertify	that I took chara	n of the remains de	cribed above	held on	Autons	, [X]	Inspectio		Inquiry	П	and in my	v opinion		
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	EXAM CERTII ULD B DIREC	100		101	7 (/)	0	1)	40 144		PECIFY)	000						
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	A SHEET WAS		(TYPE OR PRINT	AME Tho	omas D. Si	nith, i	4.D.		ADDRESS_	III P	enn S	St.	Ba I	to.,	MD.		
	TO MEDICAL EXAMINE EXECUTE THE CERTIFICS PAGE 4 SHOULD BE FOR TO FUNERAL DIRECTO AFRE DEATH, WITH THE BALTIMORE, MARYLAN	23a.B	URIAL, CREMATI	ON, REMOVAL 2	3b. DATE	23c. NA	ME OF CEME			ORY	23d. LO	CATION			COUNTY	67	ATE
0000	BP	1	Bur	ial	3/5/1982	Du	laney	Vall	ey C	em.		ocke	vsvil		Balt.		
1000	DHMH - 17	24 F	UNERAL DIRECTO	OR	ADDRES		V. Pac			25a. DATE						TURE	
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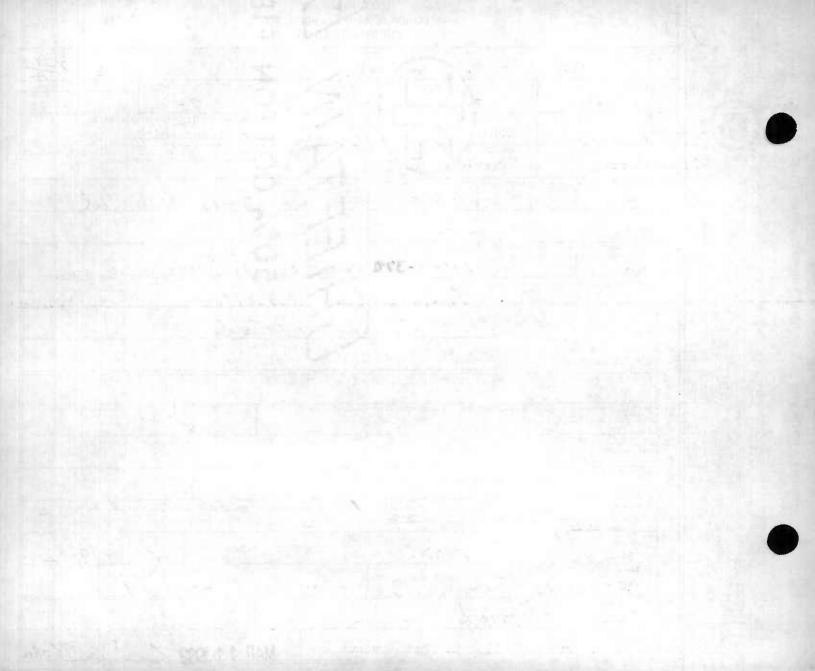
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ge 4 moy for, pog	3 SEX Male	1 RACE BLAG	S. DATE OF	BIRTH YEAR 98	6. AGE IN YEARS LAST BIRT	HOAY) IF UNDER 1 YEAR MONTHS DAYS YRS.	
ment of the	7a. BIRTHPLACE ISTATE OR FOREIGN COUNTRY) Mericus, Ga.	U.S.A.	MARRIED WIDOWED	NEVER MARRIED DIVORCED	9 BALTIMORE CITY O	TIMOR &	MD
10 to the collection of the co	BALTIMORE	11. NAME OF HOSPITAL, N I IF NOT IN SUCH FACILITY, GIVE Provide:	STREET AODRESS)	al Baltimore	120 USUAL OCCUPATE (TYPE OF WORK FOR MOST O	F WORKING LIFE) INDUSTRY	OF BUSINESS OR
AND 212	USUAL RESIDENCE (IF NURSING HOME) 130 STATE 136 COL	or other institution, give residence inty	more	38. INSIDE CITY LIMITS?		Ave. 21215	5
MARYL, ted within ted within and 2 sh	Lucious Dav	is, Sr.	ST	<i>V</i>	e Solomon		AST
be execu	160 WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) I IF YES, G	RMED FORCES? 16b SOCIA		Riley M. Da	vis, 3699 I	Belle Ave. 2	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND ST., BOTT ST., BALTIMORE, MARYLAND ST., BOTT ST., BALTIMORE, ST., BOTT ST., BALTIMORE, ST., BOTT ST., BALTIMORE, ST.,	PART I. DEATH WAS CAUS IMMEDIA Conditions, if ony, which gove rise to immediate couse (o), stating the	DUE TO, OR AS A CON	EQUENCE OF	Heart	Fallens	BETWEEN	XMATE INTERVAL ONSET AND DEATH
ECORDS, 201 work requires that been signed by muit. Then please prior to burial, cony injury, are other.	PART 2. OTHER SIGNIFICANT 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	CONDITIONS CONTRIBUTION 19b. CONDITION FOR V			INAL DISEASE OR CONI	DITION GIVEN IN PART 1 20b. IF YES, WERE FIND IN CERTIFYING CAUSE	INGS USED
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R ATTENDIN hospital or e RECTOR: Aff red for use or ept. of Health rem 21 is mor	72s I certify that (I) (this has sow the deceased alive a above, (I) well (did.) (did.) 72b SIGNATURE	oital attended the designed	on 3	that in (my) (our) opinion	death accurred on the de	ote and hour and from the	
O HOSPITAL Of etained by the TO FUNERAL DIshould be detach with the State De MPORTANI. If the	278 PHYSICIAN'S NAME (TH	om Mend		ATTENDING PHYSICIAN D	MEDICAL STAF	1 3 C	27/82
TO HOSF retained TO FUN should be with the	23a. BURIAL, CREMATION, REMOVA			METERY OR CREMATORY	THE DEATION O	hhoter of	STATE
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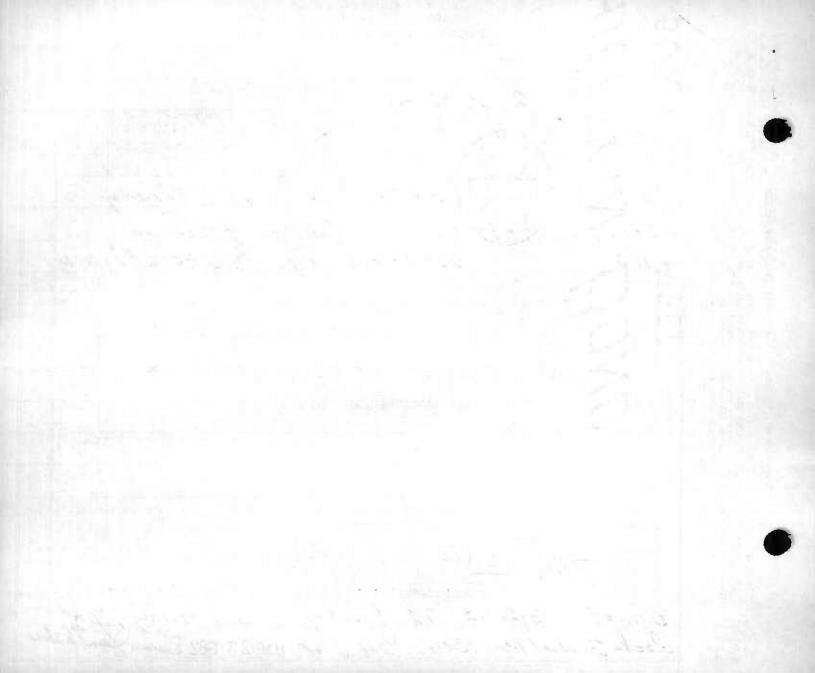
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W, PLEAS		3. SEX fem	ale	4 RACE white	MARCAPET S'DAYE OF BIRTH MONTH DAY May 1. 18	YEAR	AGE (IN YEARS LAST BIRT (DAY)	IF UND		IF UNDER 24	4 HRS. 2c. DA		MONTH	19	2d HOUR : 45P
IS NECESSAR	AGE 5 POR YOUNG	70 BIRT	HPLACE (ST	rolina	U.S.A.	IAT COUNTRY	? 8. V	VIDOWE	D 🗆	/ER MARRIEL DIVORCEL	20 USUAL OC	Baltime	ore C	NTY OF DEATH I TY K 12b. KIND OF B	MD.
NOI NY DELAY	A AND 3 10 THE 3. RETAIN PAGE SHOULD BE FILE RECORDS, 201	Ba USUAL I 13e. STA		TE IN HURSING HOME	OR OTHER INSTITUTION, GIV	on Str	eet DRE ADMISSION)		3d INSIDE CIT	TY LIMITS?	Operation of the street Address of the stree			OR INDUS Knitting	Mill
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1203 BI		24 FUN	Remo ERAL DIREC	TOR	3/9/82 ^{7/8} & Son ***********************************	2 East	view N	lem.	Pk.	Cem.	23d. LOCATION CITY OR TOWN	TRAR 25b. P	alto.		d.
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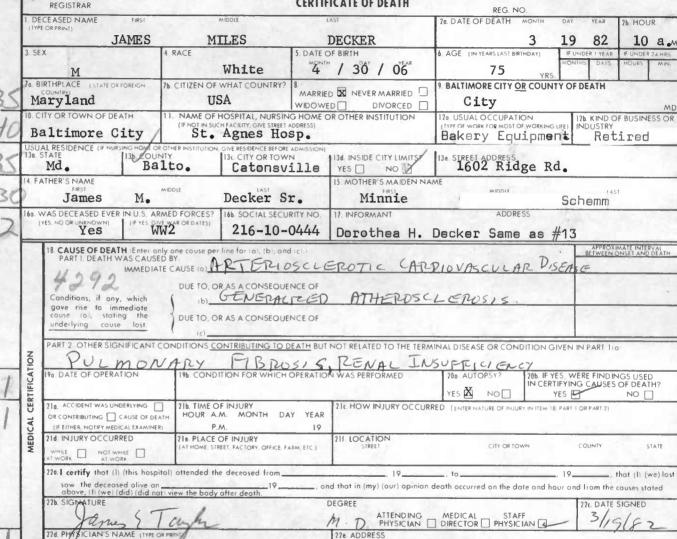
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BALTIMORE, MARYLAND 21201	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.	
DIVISION	

	1.	FOR - STATE REGISTRAR	DEPART	STATE OF IMENT OF HEALT CERTIFICA	TH AND A	MENTAL HYG		O	6 3	0 2
9		CEASED NAME FIRST HENRY	MIDDLE	Dock	er	SR.	REG. NO	MONTH DAY		26. HOUR 9:30 PM
		Male	white	5. DATE OF BIR	PTH DAY	YEAR 19/2	6. AGE (IN YEARS LAST BIRTI	YRS.	INDER I YEAR	IF UNDER 24 HRS HOURS MIN
decath Pr	С	Tllinois	76 CITIZEN OF WHAT COUNTRY USA.	MARRIED WIDOWED	DIV	AARRIED	BALTIMO	DRE.	CITY	MD.
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12	16a \	MAS DECEASED EVER IN U.S. ARA YES, NO, OR UNKNOWN) (IF YES, GIVE	war or dates) 166 SOCIAL SEC 578-09-	4.	ather	1 .	- 1'		.3e) .	20.0
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Mending re-colo fan, or in		4100 Canditians, if any, which	DUE TO, OR AS A CONSEQUE	1 1	hock					
that the conservation of control		gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEOL	A House	a force	tion				
sygned There of to burn myary, o	NO	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO	DEATH BUT NOT	RELATED	TO THE TERMI	NAL DISEASE OR CONE	OITION GIVEN	IN PART 1(a	1
he lo.	CERTIFICATION	19a. DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION WA	AS PERFO	RMED	200 AUTOPSY? YES NO	20b. IF YES, WIN CERTIFYIN	IG CAUSES	GS USED OF DEATH? NO
IG PHYSICIAN: The offending physicion for this certificate he site buriol-fronsit prond Mental Hygien red or item 18 show		210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH	216. TIME OF INJURY HOUR A.M. MONTH (P.M.		. HOW IN.	JURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART	1 OR PART 2)	
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	, FARM, ETC.)	LOCATIO	N	CITY OR TOW	'n	COUNTY	STATE
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BP	-	BURIAL, CREMATION, REMOVAL BURIAL	3/27/1982 P	NAME OF CEMET			234 LOCATION CITY OR TOWN Brunswic		ма	STATE
DHMH-16 50M 7/77	24 F	UNERAL DIRECTOR Balto	Md 21225			25a. DATE	REC'D. BY REGISTRAR	SEL PACIETRA	CCICNIA	Mr. made

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STATE OF MARYLAN
DEPARTMENT OF HEALTH AND MI

ENTAL HYGIENE CERTIFICATE OF DEATH REG NO 20. DATE OF DEATH MONTH 2h HOUR



DHMH - 16 50M 1/81 (VRA 15, 4)

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> 230 BURIAL, CREMATION, REMOVAL 23b DATE (SPECIFY) 3/22/82 Burial

231 NAME OF CEMETERY OR CREMATORY

Lorraine Park

23d LOCATION

Balto

24 FUNERAL DIRECTOR Witzke, P.A.

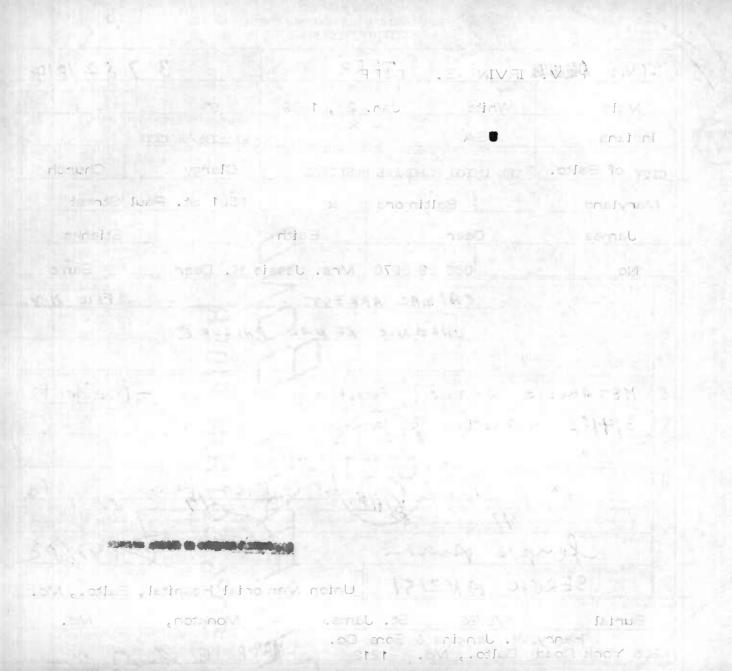
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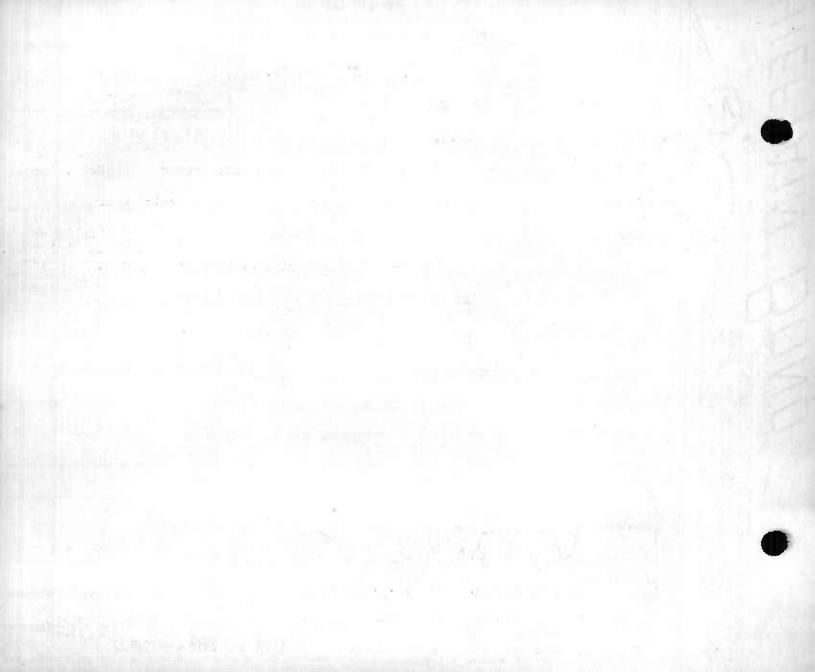
1630 Edmondson Ave Calonsville, Md. 21228

Woodlawn 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO . DECEASED NAME MIDDLE KNOWN ... 20. DATE 2b. HOUR (TYPE OR PRINT) OF ESTI-DEATH MATED JOHN DE I CKMAN 3-17-8219 SR. SEX 4. RACE 6. AGE (IN YEARS IT UNDER 1 YR 5. DATE OF BIRTH IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED 3-17-82 10 DEAD 23 191d 71 male white 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH 7a. BIRTHPLACE (STATE OF MARRIED X NEVER MARRIED FOREIGN COUNTRY! Baltimore City U.S.A. WIDOWED DIVORCED Maryland 2, AND 3 TO THE T. 3. RETAIN PAGE 5. SHOULD BE FILED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS Mannasota&Nicholas Avenues Wire Drawer Baltimore Beth. Steel USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a STATE 136 COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS YES 32 Maryland Baltimore NO [4406 2C Chalet Court VITAL) 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME AFIL. SIVE PAG. (TH FORM PN. SES 1 AND 2 V OF VIT MIDDLE LAST MIDDLE LAST Deickman Minnie Winkleman Henry 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT ADDRESS4406 2C Chalet Ct. DIVISION (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Balto. MD 213-01-4461 Catherine E. Deickman 21206 FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WING THE STATE ALONG WING THE STATE BENEVAL TRANSIT FRANT. THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:00 CERTIFICATION 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES 🗌 NOUL 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING CONTRIBUTING CAUSE OF DEATH P.M. 19 21e PLACE OF INJURY (ATHOME 21L LOCATION EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 38 AFTER DEATH, WITH THE STATE DE BALLIMORE, MARYLAND, 21201 PR AT WORK AT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE Inspection XX 220 I certify that I toak charge of the remains described above, held on Autapsy and in my apinian death resulted fram Natural causes Undetermined manner TITLE (SPECIFY) DATE 3-17-82 Assistant SIGNATURE EXAMINER'S NAME 111 Penn Street Korell.M.D Margarita A. (TYPE OR PRINT) 23d LOCATION 230 BURIAL, CREMATION, REMOVAL 236, DATE 23c. NAME OF CEMETERY OR CREMATORY Burial 3/20/82 Oak Lawn Cemetery Baltimore, Maryland 24 FUNERAL DIRECTOR Duda-Ruck, Inc. 250. DATE REC'D. BY REGISTRAR 234 REGISTRAR NATIONAL NATI **DHMH-17** 7922 Wise Avenue, Dundalk, MD (VR A15 ME (5)) 15M 2/80



FARLEY FUNERAL HOME CATONSVILLE MO.M

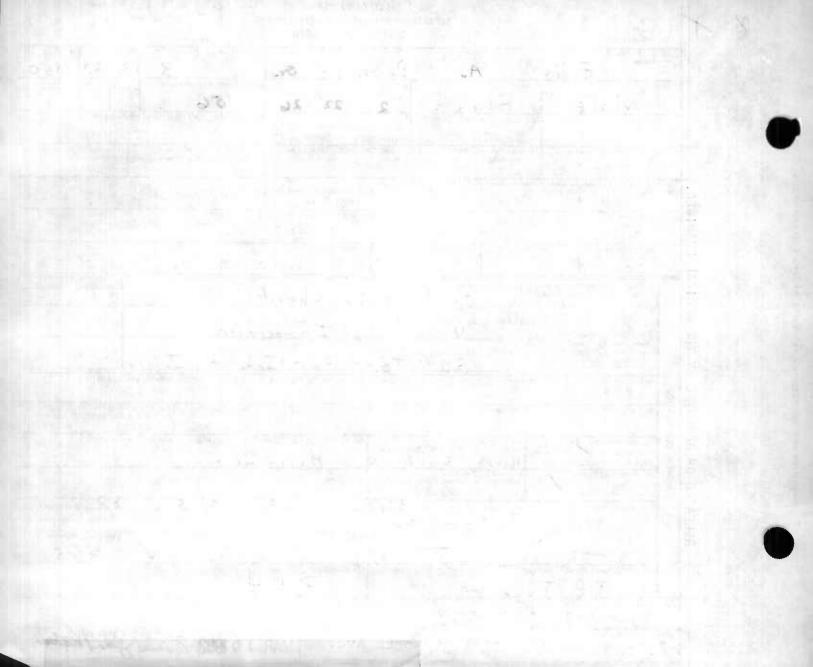
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(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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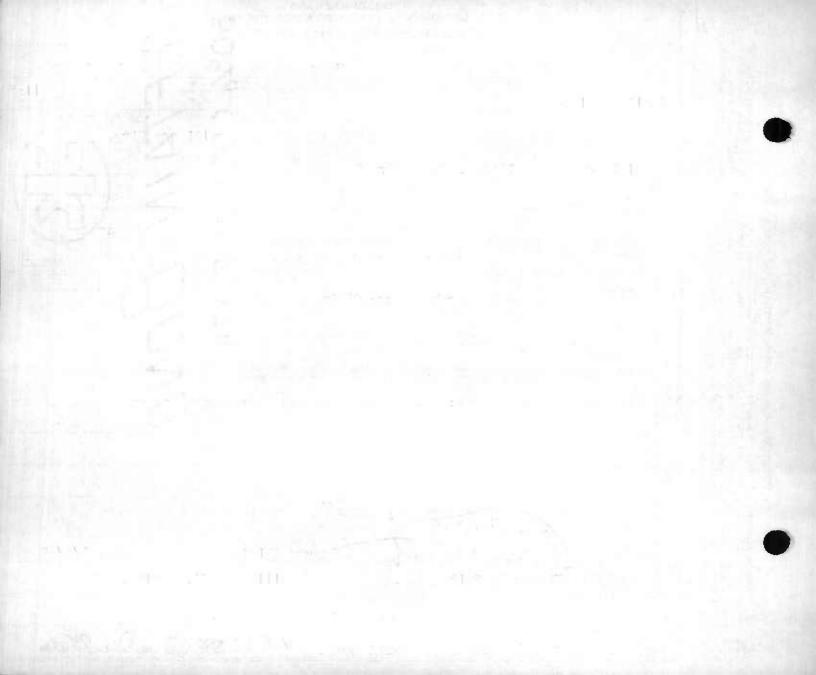
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		CEASED NAME A FIRST		MIDDLE		LAST	20		ONTH DAY	YEAR	2b. HOUR
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ST.,1 certi ng phy n pap r remo		PART I DEATH WAS CAUSED	BY ECAUSE (o)	CA	RUNE	MA	3/-	- CUNIC	25	A	
death cert ending ph carbon pa on, or rem traumatic		1629		PASACONS	EQUENCE OF						
		Canditians, if any, which	(1b)	/K A3 A COI13	PEOOFIACE OF				1100		
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		underlying cause lost	(6)	A AS A CONS	SECOLINCE OF						
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DIVISION OF VITAL RECORDS, DING PHYSICIAN: The law rec stending physician. After this certificate has been six st the burial-transit permit. Then ith and Mental Hygiene prior to b marked or Item 18 shows any in	CERTIFICATION										
The last be cerebrit.	3	190 DATE OF OPERATION	196 COND	ITION FOR W	HICH OPERATIO	N WAS PERFORMED			20h. IF YES, WE		
ALR N: T	Ē		- 5333				-	YES NO	YES [NO [
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PITAL OFF Dy the hosp ERAL DIRE ERAL DIRE State Dept.	m ₂	Ton A	Hen	ahr	- N	ATTENDIN PHYSICIA		MEDICAL STAFF	AND	3	122172
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shoot shoot	23a E	SURIAL, CREMATION, REMOVAL	23b. DATE		231 NAME OF	EMETERY OR CREMATO	ORY	23d. LOCATION	7 7 1	1	1/1.14.
OBP		Burial	3/25/	/82		y's Cemeter		Baltimore.	coul		rvland
DHMH-16 25M		INERAL DIRECTOR				26-		CD. BY REGISTRAR 25	L REGISTRAR		7
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DHMH - 16 50M 1 (VRA 15, 4)

FOR STATE REGISTRAR	DEPA	STATE OF MARYLAND ARTMENT OF HEALTH AND MENTA CERTIFICATE OF DEATH		0 6 5 0
I. DECEASED NAME FI	IRST MIDDLE	LAST	20 DATE OF DEATH MONTH	27 YEAR 26 HOUR
FRE		DICKERSON	3/	嫁 / 82 11:22
Female	White	S. DATE OF BIRTH	50 YR	
Bartimore Co.	Md. USA	MARRIED NEVER MARRIE	D Baltimo	
Baltimore	(IE NOT INCHESTER GIVES		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK IN HOUSEWIFE	126 KIND OF BUSINESS C INDUSTRY Home
USUAL RESIDENCE (# NURSING 136	HOME OR OTHER INSTITUTION GIVE RESIDENCE B		IIS? 130 STREET ADDRESS Eas	tern Ave. 21231
14 FATHER'S NAME FIRST W13	lliampoiG. Quilliniast	15. MOTHER'S MAID	E. Phillips MIDDLE	LAST
NO NO OR UNKNOWN) (15		BO 9232 Annette	ADDRESOZ' Bernard, Sister B	7 Middleborough alto., Md. 2122
Conditions, if any, wh gave rise to immedicause (a), stating underlying cause in PART 2 OTHER SIGNIFIC	DUE TO, OR AS A CONSE (c) CANT CONDITIONS CONTRIBUTING		e terminal disease or condition (GIVEN IN PART 1(0) YES, WERE FINDINGS USED
RTIFIC			YES NO	YES NO
00.501.00000000000000000000000000000000	E OF DEATH HOUR A.M. MONTH	DAY YEAR	OCCURRED (ENTER NATURE OF INJURY IN ITEM	18 PART I OR PART 2}
CITE EITHER NOTIFY MEDICALE 21d INJURY OCCURRED WMILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF	21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
saw the deceased a above, (I) (we) (did)	s hospital) attended the deceased from 12-27 (did not) view the body after death.		82 to 3-27 prinion death accurred on the date and I	, 19
22b. SIGNATURE 2	V- Wate	DEGREE ATTEND PHYSIC	ING MEDICAL STAFF IAN DIRECTOR PHYSICIAN	22c. DATE SIGNED
22d. PHYSICIAN'S NAME E.V. PLAT			HURCH HOSPITAL CORF	PORATION , MARYLAND 21
230. BURIAL, CREMATION, REM	LOUIS TAN DATE	23c NAME OF CEMETERY OR CREMA		
B09491	3/30/82	Oak Lawn Cemete		che's STATE

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DEPARTMENT OF HEALTH AND MENTA

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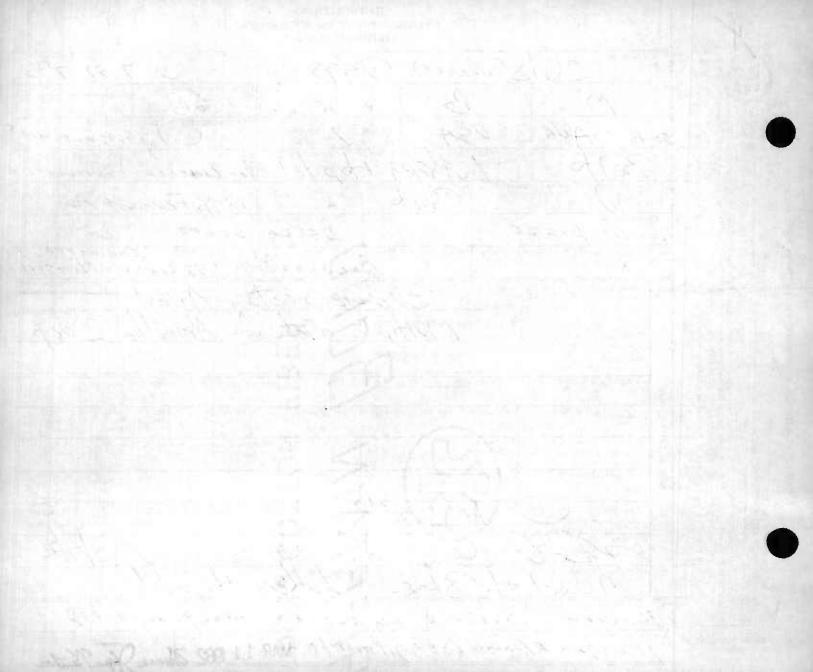
REG. NO 20. DATE OF DEATH MONTH 6 AGE (IN YEARS LAST BIPTHDAY) IF UNDER I YEAR BALTIMORE CITY OR COUNTY OF DEATH PE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY SYLIBERYN DUNSTUUE 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED

CERTIFICATE OF DEATH REGISTRAR DECEASED NAME TYPE OR PRINT CHARLES, 1 5EX 5 DATE OF BIR MONTH 20 15 76 CITIZEN OF WHAT COUNTRY? MARRIED | NEVER MARRIED | o. HAMETONUA WIDOWED DIVORCED [CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL PURSING HOME OF OTHER INSTITUTION HE NOT IN SUCH FACILITY SUAL RESIDENCE IF NURSING HOME OR OTHER INSTITUTION 13b. COUNTY 13d INSIDE CITY LIMITS? . FATHER'S NAME 15 MOTHER'S MAIDEN NAME W11/15 DIE 6 125 LAST 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO (IF YES, GIVE WAR OR DATES) 18. CAUSE OF DEATH (Enter only one couse per line for (a), PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NO NO I 71a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIEY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC | CITY OR TOWN COUNTY STATE WHILE NOT WHILE 22a. I certify that (1) (this hospital) attended the deceased from _, and that in (my) (but) apinion death occurred on the date and hour and from the causes stated (did not) view the body ofter death DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22e. ADDRESS STATE DUNGAL

(VRA 15, 4)

DHMH - 16 50M 1/81

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG NO LAST 20 DATE OF DEATH MONTH DECEASED NAME MIDDLE 3 (TYPE OR PRINT) Sarah DiMaio March 18 1082 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 2 4 RACE 5. DATE OF BIRTH 3. SEX MONTH CAYS YEAR HOURS Female 1916 Caucasian May 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE ISTATE OR FOREIGN MARRIED NEVER MARRIED Md. U.S.A. WIDOWED DIVORCED T Baltimore 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 10 CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) by th Baltimore 119 S. Highland Avenue homemaker USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 136 COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Md. Balto NO [119 S. Highland 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME FIRST MIDDLE LAST MIDDLE LAST exon Angelo Trotta Rosalina Cannizzaro ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. 17 INFORMANT Bethlehem, Pa. (YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) 219-03-2081 Mi jaro Rd no 2032 Norbert Di Maio BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per tipe for the PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o DUE TO, OR ASA CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CERTIFICATION 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED 19g. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NOI YES | NO F Hygi 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21f. LOCATION 20 21d IN JURY OCCURRED 21e. PLACE OF IN LANGE (AT HOME, STREET, COUNTY STATE WHILE NOT WHILE AT WORK 22a I certify that (1) (this haspital) attended the deceased from and that in (my) (our) opinion death accurred on the rate and house 226 SIGNATURE DEGREE ATTENDING MEDICAL PHYSICIAN DIRECTOR THINGICIAN 22d. PHYSICIAN 5 NAME (1996 DIMENT) 22e. ADDRESS ld b MPORT shoul 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL 23b. DATE STATE (SPECIFY) COUNTY BP Oaklawn Cem. Buria 24 FUNERAL DIRECTOR DHMH - 16 25M ADDRESS 9 NAME Zannino (VR A 15 (4)) 9/74 Funeral Home

STATE OF MARYLAND

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MPORTANT: If frem 21 is marked ar Item 18 shaws any injury, ar ather traumatic event, th should be detached for use as the burial-transit permit. Then please remaye carbangage with the State Dept. at Health and Mental Hygiene prior ta burial, cremation, ar remayal.

STATE OF MARYLAND

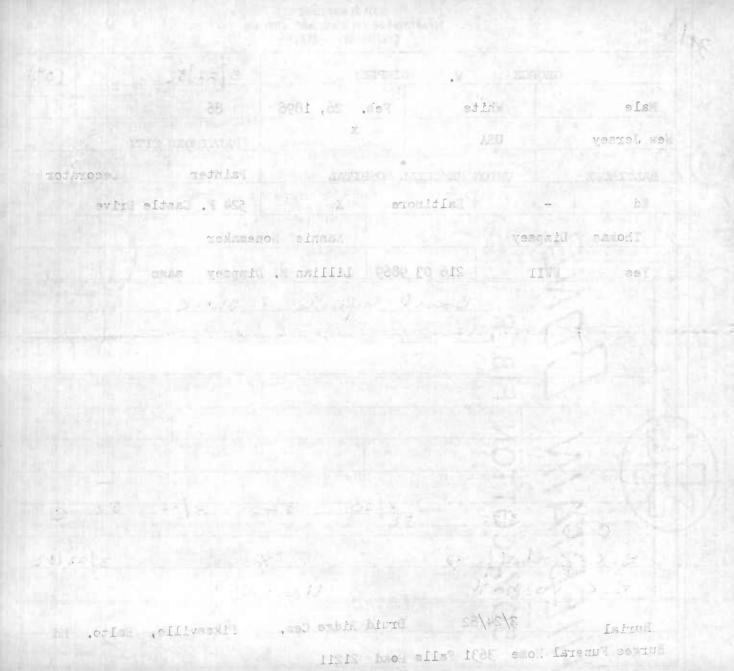
DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH**

1	FOR STATE REGISTRAR	0		REALTH AND MENTAL HYG	REG. N	0.	6 5	1 5
	DECEASED NAME FIRST	WIDDLE		LAST	20. DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
		EORGE W.	DIMPS	EY	3 22 8	7		1045
3.	SEX	4. RACE	5. DATE (6. AGE (IN YEARS LAST BIR	THDAY) IF I	UNDER I YEAR	IF UNDER 24 HRS
	Male	White	Feb	. 26, 1896	86	YRS.	VIIIS BAYS	HOURS MIN.
70	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT CO	UNTRY? 8		9 BALTIMORE CITY C		FDEATH	
	ew Jersey	USA	WIDOWI		BALTIMOR	E CITY		ME
4/10	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL,	GIVE STREET ADDRESS)		12g USUAL OCCUPATE (TYPE OF WORK FOR MOST O		12b. KIND O INDUSTRY Decor	OF BUSINESS OR
U	BALTIMORE SUAL RESIDENCE (IF NURSING HO	UNION MEMO		PITAL	Lainter		Decet	ator
-	SUAL RESIDENCE (IF NURSING MO la. STATE Md		ortown timore	136 INSIDE CITY LIMITS?	13. STREET ADDRESS 524 F. Ca	stle Di	rive	
14.	FATHER'S NAME	WIDDLE	LAST	IS MOTHER'S MAIDEN NA	ME			
a		mpsey	LASI	Nannie No	nemaker		LAS	J
16	WAS DECEASED EVER IN U.S		AL SECURITY NO.	17 INFORMANT	ADDRE	SS		
Y_	**	S, GIVE WAR OR DATES) WI 216	03 9869	Lillian M.	Dimpsey s	ame		
	18 CAUSE OF DEATH (Enter PART I. DEATH WAS CA	only one couse per line for to	1, (b), and (c).	0			BETWEEN	IMATE INTERVAL
		DIATE CAUSE (D)	vel l	moule?	Shock			
	5570	DUE TO, OR AS A CO	NSEQUENCE OF			1 1 57 1		
	Conditions, if any, which		NASEQUENCE OF					
	gove rise to immediate							
	underlying couse lost	. Joe 10, ok as a co	INSEQUENCE OF					
	BARL 2 OTHER SIGNIFICA	(c)						
1 2	PART Z. OTHER SIGNIFICA	nt conditions <u>contributi</u>	ING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON)ITION GIVEN	IN PART 110	3
NOT NOT IN THE	19a DATE OF OPERATION	19b. CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	20g AUTOPSY?	20b. IF YES, W	FDE EINIDIN	ICS USED
1 3	2			TO TEN ONNED		IN CERTIFYIN	NG CAUSES	OF DEATH?
- 6	21g. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		121 110111 1111111111111111111111111111	YES NO	YES [NO 🗌
			TH DAY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJUI	Y IN ITEM IS PART	1 OR PART 2)	
1 3	(IF EITHER NOTIFY MEDICAL EXAM		19					
/ INDIGEN	21d INJURY OCCURRED	21e PLACE OF INJURY		21f LOCATION	CITY OR TO	WN	COUNTY	STATE
1	WHILE NOT WHILE AT WORK	THE TOTAL STREET, THE TOKE	A					
4	22a.1 certify that this h	ospital) attended the deceased	d from S	20 1982	10 3/2	12	87	that I was last
	sow the deceased alive	on 3122	1982	nd that in (my) (our) apinion o	death accurred on the de	te and hour or	nd from the	couses stated
	22b. SIGNATURE	d not) view the body after deat	h.	DEGREE			122c DATE	
	D V N	111 -			MEDICAL STAF	F	III. DATE	SIGNED
\dashv	B.K. 7	or thank			MEDICAL STAP	IAN	13/2	2185
	22d PHYSICIAN'S NAME (1	PE OR PRINT)		??e ADDRESS				
	12.K. 1	orkott		Unio	W.			
23	BURIAL, CREMATION, REMO		23c. NAME OF C	EMETERY OR CREMATORY	23d LOCATION			
	(SPECIFY)	3/24/82	Druid	Ridge Cem	CITY OR TOWN		OUNTY	STATE

DHMH - 16 50M 1/B1 (VRA 15, 4)

Rumial
24 FUNERAL DIRECTOR 3631 Falls Read Burgee Funeral Home 21211

250. DATE REC'D. BY REGISTRAE



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO . DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) OF ESTI-Elaine Dion Isabella DEATH MATED 28 19 82 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS DATE 2d HOUR LAST BIRTHDAY) YEAR PRONOUNCED white female 28,82 3:3QF DEAD May 12. 1961 20 BIRTHPLACE (STATE OR TE CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Baltimore City Maryland
10. CITY OR TOWN OF DEATH WIDOWED DIVORCED U.S.A 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE) Baltimore University Hospital (Bank of Bethe New Acct. Sect. USUAL RESIDENCE LIF IN NURSING HO sda. 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS NO 15204 Little Falls Dr. Bethesda DICAL EXAMINER ALONG WITH FORM PANA A BURIAL-TRANSIT PERMIT PAGES I AND SHE HAND MENTAL HYGIENE, DIVISION OFWITH PE MATION, OR REMOVAL. Maryland Montgomery 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME LAST June E. Turner Robert L. Dion 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT (YES. NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 217-70-7066 Father - Robert L. Dion - Same as #13 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Multiple Injuries IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. CREMATION, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT HOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 USED AS A E CERTIFICATION E 3 SHOULD BE USED A DEPARTMENT OF HEA 11 PRIOR TO BURIAL, C 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YESXX NO [21g EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR X M MONTH DAY YEAR UNDERLYING OR ATING TA 3/28 1982 passenger/plane crash : 15 P.M. CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY 21d. INJURY OCCURRED (AT HOME 211 LOCATION Carroll Co. TO MEDICAL EXAMINER: THIS CER EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 35 AFTER DEATH, WITH THE STATE DEF BALLIMORE, MARVIGND, 21201 PR AT WORK AT WHILE STREET, FACTORY, FARM, ETC.) 1500 IndianValleyTrail, Westminister, MD field rear 22a I certify that I taak charge of the remains described above, held an Inspection Inquiry Autopsy and in my opinion death resulted fram: Natural causes Accident Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL DATE Assistant MEDICAL EXAMINER 3/29/82 SIGNATURE EXAMINER'S NAME Hormez R Guard M. D. (TYPE OR PRINT) ADDRESS 111 Penn Street Balto MD 21201 23c. NAME OF CEMETERY OR CREMATORY 23a.BURIAL, CREMATION, REMOVAL 23b. DATE 236. LOCATION April 1, 1982 Gate of Heaven Cem, Silver Spring, Mont., Md. Burial 25a. DALEBES D. BY REGISTRAR 25b. REGISTRAR 65 THE UNG 24 FUNERAL DIRECTOR DeVol Funeral Home **DHMH - 17** (VR A15 ME (5)) Washington, D.C. 15M 2/80

P-Ledge II

. P. B. J. Pursteek

Reserved Dies

does to the . Jos., . Jos. wen

Maryland Manigraphy Serbooks a chittle Falls Mr. 12

June E. Turner

All-70-Free Father - Robert L. Din - Same as als

Jeshinton, L.C.

Burish Kerll 1, 1970 date of Herran Dec. Silver Dyring, Mout., Mt.

DHMH - 16 50M 1/B1 (VRA 15, 4)

CERTIFICATE OF DEATH LAST

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

> IN CERTIFYING CAUSES OF DEATH? YES NO F

> > COUNTY

IF UNDER I YEAR

INDUSTRY

UNKNOWN

12b. KIND OF BUSINESS OR

MONTGOMERY WARD

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

REG. NO

2a DATE OF DEATH

STATE

22c. DATE SIGNED

MARYLAND

24 FUNERAL DIRECTOR

- STATE

TYPE OR PRINTS

REGISTRAR

DECEASED NAME

21229 HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE.

BY REGISTRAR 256 REGISTRAR'S SIGNATURE

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	In the second day				

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	1.	FOR STATE REGISTRAR		DEPAR		EALTH AND MENTA		REG. NO	000	1 /
noy be poge 3 sr death		CEASED NAME FIRE OR PRINT) VER	NON	MIDDLE	Dis		20 DATE OF	DEATH MONT	13 82	26 HOUR 12,29A M
je 4 moy scłor, po	3 SE			nite	5 DATE C	DAY YEA		RS LAST BIRTHDAY)		HOURS MIN
oth. Pog		RTHPLACE (STATE OR FOREIGH		WHAT COUNTR	V2 8	NEVER MARRIE	9 BALTIMOR	ECITY OR CO	DUNTY OF DEATH	MD
of ter de		TY OR TOWN OF DEATH	(IF NOT IN SU	HOSPITAL, NUR CH FACILITY, GIVE STR	SING HOME C	R OTHER INSTITUTIO	N 120 USUAL C	CCUPATION FOR MOST OF WOR	126 KIND O	F BUSINESS OR
10 2120	usu	DIATE	OMICS OTHER INSTITUTION	GIVE RESIDENCE BEI	ORE ADMISSION)	136 INSIDE CITY LIMI			0.	
ARYLAN I within 2 pletely fill nd 2 shou	14. F/	ATHER'S NAME FIRST	MIDDLE	Balti	more	15. MOTHER'S MAIDE		51St	LAST	
e executed on ond comp		VAS DECEASED EVER IN U	.S. ARMED FORCES? ES, GIVE WAR OR DATES)	166 SOCIAL SE		17 INFORMANT	^	ADDRESS	Knie	
ficote be e hysician o popers. Po noval:		No		226-54	-7494	Januel	Cannan	1010		RA,
DIVISION OF VITAL RECORDS, 201 W. PRESTON ING PHYSICIAN: The low requires that the death of otherding physician. When this certificate has been signed by the attending os the burial-transit permit. Then please remove coch the and Mental Hygiene prior to burial, cremation, or orked or Item 18 shows any injury, or other froumatic	NO	Conditions, if any, while gove rise to immedia couse 10: stating to underlying couse to PART 2 OTHER SIGNIFIC	ch (b)	RAS A CONSECUTE AS A CONSECUTION OF THE PROPERTY OF THE PROPER	DUENCE OF	Le cle	mentia E TERMINAL DISEASE	or conditio	ON GIVEN IN PART 110	
he low re on. hos beer t permit.	CERTIFICATION	19a. DATE OF OPERATION	196 COND	ITION FOR WHI	CH OPERATIO	N WAS PERFORMED	200 AUTO	NO ZOB	. IF YES, WERE FINDIN CERTIFYING CAUSES YES [IGS USED OF DEATH?
OF VITA GLAN: T GLAN: T g physici entificate iol-trans ntol Hyge em 18 sh	ICAL CER	210. ACCIDENT WAS UNDERLY! OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL EXA	OF DEATH HOUR A		DAY YEAR	21c. HOW INJURY O	CCURRED (ENTER NATI	IRE OF INJURY IN IT	TEM 18, PART 1 OR PART 2)	
IVISION JG PHYSI offending ter this ce is the buri	MEDIC	216 INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK		OF INJURY REET, FACTORY, OFFICE	CE, FARM, ETC.)	21f LOCATION STREET	D >	CITY OR TOWN	COUNTY	STATE
TTENDIN pitol or TTOR Af for use o of Health	A	220.1 certify that (1) (this saw the deceased of above, (1) (we) (did) (ii)	ive on 3/	12 19		17 , 19 d that in (my) (our) or	pinion death occurred	on the date of	nd hour and from the c	that (I) (we) last couses stated
AL OR A the hos Al DIRECtoched of Dept.		22b. SIGNATURE	urf-y	en H	cluf	DEGREE ATTENDI PHYSICI	ING MEDICAL	STAFF PHYSICIAN	22c. DATE :	13/P2
TO HOSPITA retoined by TO FUNERA should be de with the Stot		22d. PHYSICIAN'S NAME KUAN	(TYPE OR PRINT)	Hui	ANG	BON	1 Seco	nus	/tospi	tal
20 <i>000</i> RP	230	BURIAL, CREMATION, REM			mt. OI	EMETERY OR CREMAT	CITY OR	ION TOWN	COUNTY	STATE
DHMH - 16 60M 1/75 (VR A 15 (4))		UNERAL DIRECTOR		ADDRESS		25	MAR 1719			Kethen.
	-									

FP PL AT Nonfelt 3/2/11 ctil munthes MO NEW Baltimore Bon Sica Hore mo Baltimore x 1010 5/38s Rd. Carrie 220-21-3494 Samuel Courses 1010 States Rd. Eurich Start Dine + Clar Con Con Barrer Dart. Work is travely fell that & Mar to the 17 122 & some FOR

REGISTRAR

DECEASED NAME

- STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO 20 DATE OF DEATH 6. AGE (INAYEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HR BALTIMORE CITY OR COUNTY OF DEATH 126 KIND OF BUSINESS OR LTYPE OF WORK FOR MOST OF WORKING LIFE! ASSEMBLY WORKER FACTORY PRESSURE CANS 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 3511 WILKENS AVENUE, 21229 15. MOTHER'S MAIDEN NAME MIDDLE E. SCHUMAN LINTHICUM, MD. BETTY MAKAR 810 WHITE AVENUE. 21090 APPROXIMATE INTERVAL 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CITY OR TOWN COUNTY STATE and that in (my) (our) opinion death occurred on the date and hour and from the causes stated ATTENDING PHYSICIAN DIRECTOR PHYSICIAN BALTIMORE CITY MARYLAND

LAS# IXOU

30

MARRIED NEVER MARRIED DIVORCED

WIDOWED

YES X

HOSPITAL, NURSING HOME OR OTHER INSTITUTION

ACE BEFORE ADMISSION

GIVE RESULT CE BEFORE AD

BALTIMORE

LAST

166 SOCIAL SECURITY NO

212-05-2377A

BOZEL

ANNIE 17 INFORMANT

NO

ION FOR WHICH OPERATION WAS PERFORMED

22e ADDRESS

21229

DEGREE

211. LOCATION

236 NAME OF CEMETERY OR COMMATORY

BURIAL

03-06-82

NEW CATHEDRAL

25a DATE REC'D.

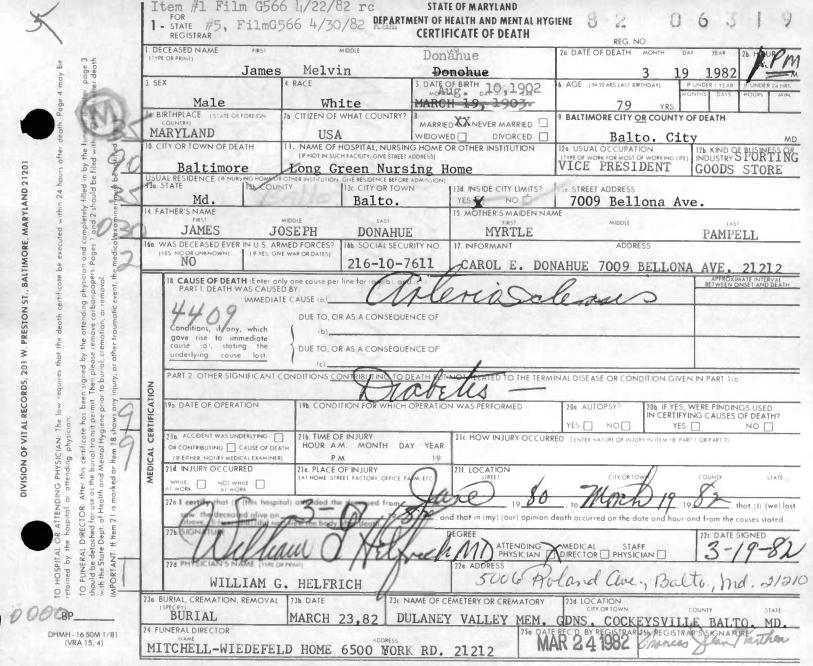
DHMH - 16 50M 1/B1 (VRA 15, 4)

24 FUNERAL DIRECTOR

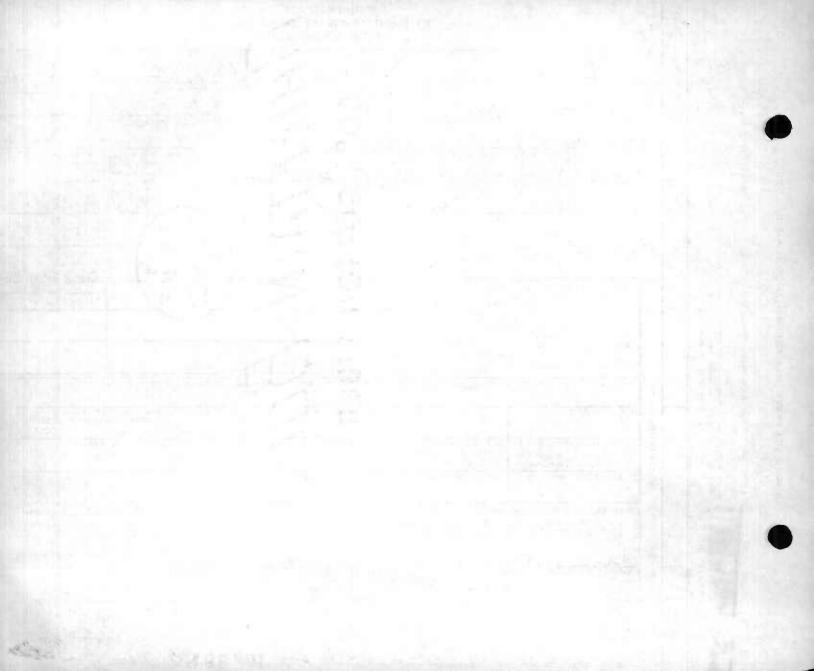
HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE

MAR 5

Alabel Te Dixon 3 3 41 2 AD COMMEND OF STREET STREET Same Carlotte and the same of de Produced Wardanes of the major of the major of The say of Ball to the property of the same continue



4	1-	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL H	YGIENE () (C) REG. N	00020
oy be coge 3 death	1. DEC	CEASED NAME OR PRINT) EHA	MIDDLE DORSEN	3/24/8	L DAY YEAR 26 HOUR 2145 A
Poge 4 moy gleeds, pog shows after de	3. SE)	emole	RACE S DATE OF BIRTH MONTH 3 1899	83	MONTHS DAYS HOURS MIN
deoth. Po	1	PUNTRY) STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED WIDOWED DIVORCED	Smile	more Clare
d wille	5	MALA, City	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION UF A OT INSUCAFACILITY, GIVE STREET ADDRESS!	120 USUAL OCCUPAT	
DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., BALTIMORE, MARYLAND 21201 NG PHYSICIAN; The low requires that the death certificate be executed within 24 hours oftending physicion. Her this certificate has been signed by the attending physicion and completely filled in by as the buriol-transit permit. Then please remove carbanpapers. Pages 1 and 2 should be fille than Amenial Hygiene prior to buriol, cremation, or removal. The statement of the please completely the medical examine factor backed or them 18 shows any injury, or other traumatic event, the medical examine factor is the province of the	13a S	TATE 13b. COUN	YES NO [3922	hidawood Ho
completely and 2 sh	(sewge N	MIDGLE CY LAST SIS MOTHER'S MAIDENN SIR	WIDDLE	O LAST
TIMORE, be executed on and control or seed to be the medical of th		VAS DECEASED OVER IN U.S. AR. ES, NO OR MIKNOWN) (IF YES, GIVE	MED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT PARTY OF THE PROPERTY OF THE	sse Devr	3922 R: Lagurd
ST., BAL certificate ng physicis bonpaper remayol.		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIAT	rly one cause per lige for ia), (b), and (c).) DBY: TE CAUSE (a)		BETWEEN ONSET AND DEATH I MOSELL M. 2
RESTON : a death ce nove carb introveries		Conditions, if any, which gave rise to immediate	DUE TO, OR AS A CONSEQUENCE OF		
s that the ed by the olease rem		cause Iol, stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF ALTERNATION	clower	
ORDS, 3	TION		CONDITIONS <u>CONTRIBUTING TO DEATH</u> BUT NOT RELATED TO THE TEI		
ITAL RECO	CERTIFICATION	19e. DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED	YES NO NO	20b, IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
VISION OF VITA PHYSICIAN: The trending physicion r this certificate the buriol-transit and Mental Hygies ed or frem 18 sho	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH DAY YEAR P.M. 19	URRED (ENTER NATURE OF INJU	RY IN ITEM 18, PART 1 OR PART 2)
DIVISIO DING PHY or other this se as the bu	MED	21d. IN JURY OCCURRED WHITE NOT WHITE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 211. LOCATION STREET	CITY OR TO	WN COUNTY STATE
TTEN ortol of He		saw the deceased alive an	the attended the deceosed from	on death accurred on the d	ate and hour and from the causes stated
SPITAL OR A: bod by the hoss NERAL DIREC The detoched he Store Dept.		Cun Like	ATTENDING	GEDICAL STA	FF
TO HOSPITAL of the storing of the storing of the storing with the Store (MPORTANT: If	33.	LOUIS P. HAI	usueste Po Box 5	709 Baltu	uno hid 21208
1510 DHMH-1660M 1/73	-4	INESAL DIRECTOR	30 DATE OF CEMATERY OR CREMATORY OF CREMATOR	23d LOCATION HYDROTOWN ATE REC'D, BY REGISTRAR	Complex Wate.
(VP A 15 (4))		- () 111	IN April 1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/	ATE REC D. BT REGISTRAR	CONTRACTOR ALL



1	FOR 1 - STATE REGISTRAR	DEPARTM	STATE OF MARYLAND SENT OF HEALTH AND MENTA CERTIFICATE OF DEATH	L HYGIENE 8 2.	06321
9	1. DECEASED NAME FIRST	WIDOLE	LAST	20 DATE OF DEATH MONTH	OAY YEAR 26. HOUR
6	Charles	P.	Doughty	3	-6-82 7PM
7	3. SEX 4. R	RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
9	MALE	white	MONTH OAY STA	n (44	MONTHS DAYS HOURS MIN
in.	76. BIRTHPLACE (STATE OR FOREIGN 76 COUNTRY)	CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED	- 9 BALTIMORE CITY OR COLL	
7	N.T.	U, SA	WIDOWED DIVORCED	- Paltimone Oi	ty MD.
	10 CITY OR TOWN OF DEATH 11.		G HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION	12b. KIND OF BUSINESS OR
3	DALTIMORE	SOUTH BALTO.	GENERAL I	Supervisor	Col. Moulding
5	USUAL RESIDENCE (IF NURSING OMEOR OTH	ER INSTITUTION, GIVE RESIDENCE BEFORE			d. 21225
E	14 FATHER'S NAME PIRST WILLIAM MIDD	Dought	15. MOTHER'S MAIDE Teres	NNAME	Price
2	160 WAS DECEASED EVER IN U.S. ARMEI (YES, NO OR UNKNOWN) (IF YES, GIVE WA	P OP OATES)	8300 Hilda D.	ADDRESS Doughty (same as 1	l3e)
	18 CAUSE OF DEATH Enter only o PART I. DEATH WAS CAUSED B	ne couse per line for (o), (b), and		ARREST	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
į	Conditions, if ony, which	DUE TO, OR AS A CONSEQUE	NCE OF ASTATIC	CARCINOUNA	
	gove rise to immediate couse (a), stating the underlying couse last	DUE TO, OR AS A CONSEQUE	NCE OF		
		iditions <u>contributing to d</u>	DEATH BUT NOT RELATED TO THE	TERMINAL DISEASE OR CONDITION	GIVEN IN PART 1(0)
7	19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH (OPERATION WAS PERFORMED		YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES NO
1	as contraction of the contraction	21b. TIME OF INJURY HOUR A.M. MONTH DA	Y YEAR	CCURRED (ENTER NATURE OF INJURY IN ITEM	18, PART 1 OR PART 2)
	OK CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	211 LOCATION	CITY OR TOWN	COUNTY

TO FUNERAL DIRECTOR: After this certificate has been IMPORTANT: If Item 21 is morked or should be detached for use as the bowith the State Dept. of Health and N BP.

22a.1 certify that (I) (this hospital) attended the deceased from

22h SIGNATURE

224. PHYSICIAN'S NAME (TYPE OR PRINT)

and 2 sho

carbon papers. Pages

DHMH - 16 50M 7/77 (VR A 15 (4))

23d. LOCATION CITY OR TOWN Baltimore 230. BURIAL, CREMATION, REMOVAL (SPECIFY)

Burial 231 NAME OF CEMETERY OR CREMATORY 23b. DATE STATE COUNTY Cedar Hill Cemetery 250. DATE REC'D. Md. BY REGISTRAR 256. REGISTRAP'S SIGNATURE Balto. Md. 21225 RESS 24 FUNERAL DIRECTOR 4001 Ritchie Hgwy. George J. Gonce F.H.

DEGREE

22e ADDRESS

ATTENDING PHYSICIAN

300

19. 8 2-, that (1) (we) lost

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

DIRECTOR PHYSICIAN

MEDICAL

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espir Seal	for my	USA	WILLIAM
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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

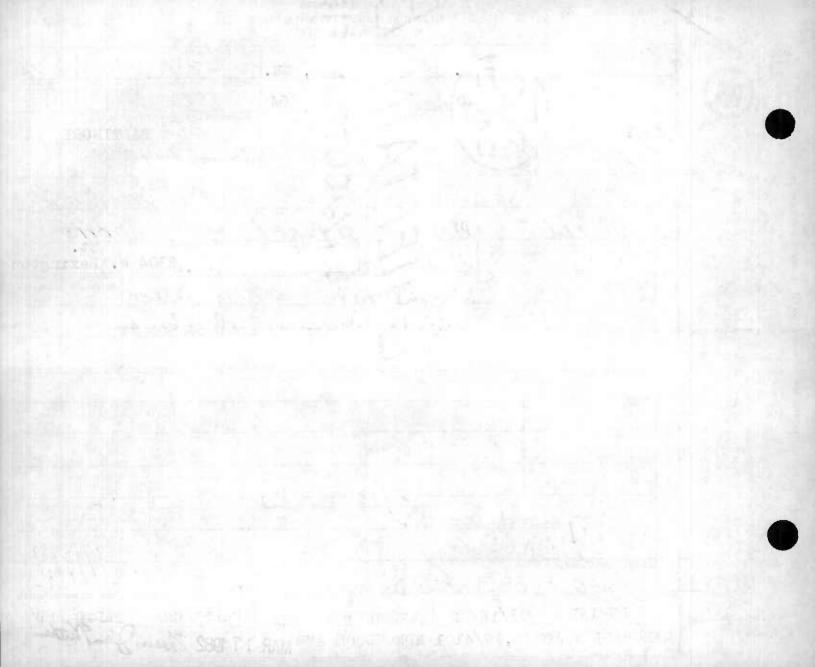
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0632

		REGISTRAR		CERTIF	ICATE OF DEATH	REG. N	10	
		CEASED NAME HELF	MIDDLE		AST	20 DATE OF DEATH	MONTH DAY YEAR	26 HOUR
	Oin	GEORG	E P.	DO	OUGLAS. SR.	3	113/82	1 1-3/4
	1.56		4. RACE	5 DATES		6. AGE (IN YEARS LAST BH	RTHDAY) IF UNDER I YEA	IR IF UNDER 24 HRS
		MALE	NEGRO	MONT	- 9 - 1904	77	YRS MONTHS DAYS	S HOURS MIN
4	Je Bi	RTHPLACE ISSUED TO SOM ON	76. CITIZEN OF WHAT COUNTR	RY? B	D NEVER MARRIED	9. BALTIMORE CITY	OR COUNTY OF DEATH	il carried
7	M	IARYLAND	11.3.11.	WIDOWI		Ciry	BALTIMO	ORE MD.
4	10 0	TY OF TOWN OF DEATH	11. NAME OF HOSPITAL, NUR PIE NOT IN SUCH FACILITY, GIVE STR		OR OTHER INSTITUTION	CLERK PA	12b. KIND INDUSTR	OF BUSINESS OR Y
5	13a S	AL RESIDENCE (IF NURSING HOME O STATE 13b COU	R OTHER INSTITUTION, GIVE RESIDENCE BEI		13d INSIDE CITY LIMITS?	130 STREET ADDRESS	1. hexingh	n St.
E	14 FA	ATHER'S NAME FIRST ALALA	MIDDLE Dou	glas	15. MOTHER'S MAIDEN NAM	WE	Hari	75
9		WAS DECEASED EVER IN U.S. AI YES 140 OSUNKNOWN! (IF YES GI		SURITY NO.	GEORGE DOU	GLAS.JR.		t. exingto
		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	nly one couse per line for al, (b), ED BY. TE CAUSE (a)	dio.	Pulmon	ary a	Vest BETWEEN	DXIMATE INTERVAL N ONSET AND DEATH
		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEC	use_	myocar	dias in	Sucrem .	
	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING T	O DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	IDITION GIVEN IN PART	110
7	CERTIFICATION	196 DATE OF OPERATION	196 CONDITION FOR WHI	CH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FIND IN CERTIFYING CAUSE YES	
7		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE			21c HOW INJURY OCCURR	RED (ENTER NATURE OF INJU	IRY IN ITEM 18 PART I OR PART 2)	
	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY	19	211 LOCATION			
	W	WHILE NOT WHILE AT WORK	IAT HOME STREET, FACTORY, OFFIC	CE FARM ETC)	STREET	CITY OR 10	OWN COUNTY	STATE
		220.1 certify that (I) (this hasp	utol) ottended the deceased from	10	nd that in (my) (aur) apinian a	eath occurred at the d	Integral hour and from th	, that (I) (we) lost
ij		The Section Like (did no	ot) view the body efter death.	0	DEGREE		žit. DAT	TE HIGNED
		THE PHYSICIAN'S NAME (TYRE	OR ORDANIE	Pol	ATTENDING PHYSICIAN [MEDICAL STA	CIAN	113/82
		JUAN A	· BELTRAN	SR.	SARULIDA	N SEC	wurs f	tosp.
		BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL	02/- 10	RBUTT	S MEM PARK	BALTIM	ORE BALA	Q ND
T. Value	² 4 FL	ARSHALL W JO	NES, JR/4101		25g DATI	R 17 1982	ASPRESS THAT ISN	Marthen

DHMH - 16 50M 1/81 (VRA 15, 4)

IMPORTANT: If Item 21 is morked at Item 18 shows ony injury, at ather traumotic



	1		ems #18a-22 FOR STATE	2a Fil		EPARTMENT OF	HEALTH	AND ME	NTAL HYGII		0	6 3	2	3
1)		REGISTRAR CEASED NAME REGISTRATION	FIRST	MEL	MIDDLE	IEK.2 C	LAST	ATEOFDI	20. DATE KNO				2b. HOUR
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		3. SE			5. DATE OF BIRTH MONTH DAY Aug. 17,	YEAR LAST BIRTHD	ARS IF UN		HOURS MIN	S. 2c. DATE PRONOUNCED DEAD	MONT	17 1s	VEAR 1	247 HOUR 7:56
	· · · · · · · · · · · · · · · · · · ·	Ja: B	IRTHPLACE (STATE OR DEIGH OUNTRY) Md		75. CITIZEN OF WH	AT COUNTRY?	I.		ER MARRIED			INTY OF DEA		D m
	2, AND 3 TO THE FU 2. AND 3 TO THE FU 3. RETAIN PAGE 5 2 SHOULD BE FILED. AL RECORDS AND IN	10. C	ITY OR TOWN OF DEA		(IF NOT IN SUCH FAC	PITAL, NURSING HOM	E, OR OTH		ION 12a U	Baltimo	N (TYPE OF WOR	OR IN	DUSTRY	
	DO NO	USU	Baltimo			k Heights			-	to Sale		Toyo		
.21201	SEGOLIAN SETAN			3b COUNT		Baltimor	.6	13d. INSIDE (11 Yes 🎉	Y LIMITS? 130 S NO □ 68	07 Park	Heigi	Deal hts A	veni	ue
WD	PM 3.	14. F.	ATHER'S NAME		WIDDLE	LAST		FIR	R'S MAIDEN NA		100	LAS	ıt	
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ALTIM	124 HOURS AFTER DE LITEM 18. GIVE PAGE ALONG WITH FORM TO FRAMIT. PAGES 1 A PORTILE DE LIVISION OF CIEINE, DIVISION OF COMMENCE AND A PORTICULAR AND A PORTICUL	160. Y	VAS DECEASED. EVER I	(IF YES, GIVE W	AED FORCES?	219-58-4	468	Mrs.	Grace	Pebble Marie	Meloc	ch Ro	ad- 104	3
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201	UTED WITHIN EN PENCIL IN PENCIL IN EXAMINER A RIAL-TRANSI D MENTAL HOON, OR REMC	-	Canditions, if a gave rise to couse (a) stating lying cause last.	IMMEDIATE ny, which immediate the <u>under</u> -	CAUSE (0) ATT DUE TO, OR (b) DUE TO, OR (c)	TY METAMORP AS A CONSEQUENCE AS A CONSEQUENCE UT NOT RELATED TO THE TERM	OF OF		ne liver	ott Cit c & chron narcotism	ic		N ONSET AI	
ITAL RECOR	AS A CREW	CERTIFICATION	19a, DATE OF OPERA			ION FOR WHICH OPER						20 AUT	OPSY?	П ои
ONOFV	THE WOULD BE WATMEN TO BE TO BE		210. EXTERNAL CAUS UNDERLYING CONTRIBUTING C		21b TIME OF HOUR A.M. EATH P.M.	INJURY MONTH DAY YEAR	21c. HC	OW INJURY (OCCURRED (ENT	ER NATURE OF INJURY IN	ITEM 18 PART I OR			
DIVISI	F. THIS CRTIFICATE SHOULD E. WRITING THE WORD "P RWARDED TO THE CHIEF. STACE 3 SHOULD BE USED STATE DEPARTMENT OF HE 7, 21201 PRIOR TO BURIAL,	MEDICAL	21d. INJURY OCCURR WHILE DOT N AT WORK AT W			F INJURY (AT HOME, DRY, FARM, ETC.)		TREET		CITY OR TOWN		COUNTY		STATE
•	TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFIER DEATH, WITH THE ST.		22e. I certify that I death resulted from: ACTUAL SIGNATURE EXAMINER'S NAME (TYPE OR PRINT)	Natura	ol couses .	on, M.D.	icide	Homicie TITLE (SP D. ASS	_{ECIFY)} <u>istant</u> m 111 Penr	Inquiry [], determined manner EDICAL EXAMINER 1 St., Ba	DAT SIG	TE 3-1 NED 3-1	201	
	BB BB		URIAL, CREMATION, RESPECIFY) Burial	MOVAL 23	Mar.20,	1982-New	METERY OF	rcremator	2 Q	LOCATION ITY OR TOWN	ore. E	ounty Marule	state and	E
273	OHMH-17 (VR A15 ME (5))	24. F	UNERAL DIRECTOR S	Pterung	Juneral Est	a fin		2:	DATE NO.	A 1002	dense.	Ya. 71	athe	
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Item 19b G566 4/22/82 dad

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	Carlotte (Secretary 2)		of am sisters	

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8 80 502 800

		REGISTRAR				CERTIF	ICATE OF	DEATH		REG. I	VO.				
		CEASED NAME E OR PRINT)	Gordo		WIDDLE		gan		20. DATE	OF DEATH	MONTH 3	DAY 4	82	26 HO	144P
	3 SE	Male		4 RACE White		5. DATE O	1 DAY	YEAR 26	6. AGE	IN YEARS LAST B	URTHDAY)	MONT	DER I YEAR	IF UNDI	M IN.
5		irthplace (STATE)	OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIE WIDOWE		MARRIED		MORE CITY	OR COUN	TY OF	DEATH		MD.
40	B	altimore		St. A	OSPITAL, NURSING FACILITY, GIVE STREET	ADDRESS) 4	Ta)	NOITUTION	(TYPE OF V	AL OCCUPA VORK FOR MOST Ceman		G LIFE)	26. KIND B NDUSTR B City	alto True	ek 8
35	13a. S Ma	at residence (IFN STATE aryland	136 COUN		Baltimor	N	YES X	CITY LIMITS?	547	et address Thorn	field	Ro	ad	212	29
0		Henry		MIDDLE	Dugan			s maiden na First Lena	ME	WIDDLE			Sau	b1e	
1		WAS DECEASED EV YES NO OR UNKNOWN) YES		MED FORCES? E WAR OR DATES)	217-16-6		Dolor	es B. D	ugan	547 °	RESS Thorn	fie	ld Ro	ad	2122
	NO	Conditions, if or gove rise to it couse (o), stounderlying country of the PART 2 OTHER SI	ny, which mmediate sting the use lost	DUE TO, OF	R AS A CONSEQUE	Con ENCE OF	NOT RELATE	D TO THE TERM	ge Z	ASE OR COI	NDITION (GIVEN II	S N PART TIE	720	,
9	CERTIFICATION	190. DATE OF OPER	RATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERF	ORMED	200 A	JTOPSY?	IN CER		RE FINDING CAUSES		TH?
1	MEDICAL CER	22a I certify that	CAUSE OF DEA	21e. PLACE ((AT HOME. STR	M. MONTH DAM. DE INJURY EET, FACTORY, OFFICE, F deceosed from 19	ARM, ETC)	211 LOCAT STREI		RED (ENTE	CITY OR T	OWN date and h	8 PART 1	OR PART 2)	tho (1)	STATE (we) lost
		224 PHYSICIANS	/	PRINT) HTEREI	Lo M	_M.	220 ADDRE	PHYSICIAN	DIRECTO	OR PHYS	ICIAN 🗌	7	212	29	
	(BURIAL, CREMATION (SPECIFY) Buria		3/8/82		udon	Park C	crematory	Ва	CATION ENTY OR TOWN					yland
	29 F	UNERAL DIRECTOR				212	29	1750. DAI	E REC'D. B	Y REGISTRA	R175b. REG	ISTRAR'	SSIGNAT	URF	

DHMH - 16 50M 1/81 (VRA 15, 4)

Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

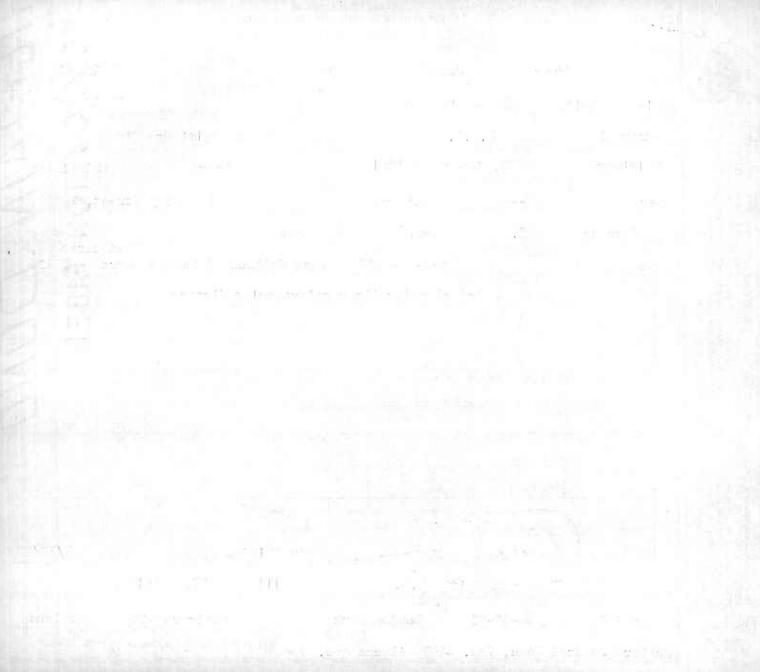
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		FOR - STATE		DEPART		E OF MARYLAND FEALTH AND MENTAL HYG	SIENE 8	2 (16026
	'	REGISTRAR			CERTIF	ICATE OF DEATH		REG. NO.	
1		CEASED NAME FIRST		MIDDLE		LAST	20 DATE OF		DAY YEAR 26 HOUR
9		ADA		P	Du	NKLE	100	03/	25/82
	3. SE	Х	4 RACE		5. DATE		& AGE IN YE	ARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
		Female	White		MONT	4 1903		79 YRS.	MONTHS DAYS HOURS MIN.
> 0	la B	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MADDIE	D NEVER MARRIED	9 BALTIMOR	RECITY OR COUNT	TY OF DEATH
57	Ba	altimore, Md.		SA	WIDOWI	DIVORCED		Baltimo	ore MD
20	-	ITY OR TOWN OF DEATH	(IF NOT IN SUC	HOSPITAL, NURSIN H FACILITY, GIVE STREET LOELL AVE	ADDRESS]	OR OTHER INSTITUTION	120 USUAL C	CCUPATION FOR MOST OF WORKING	12b. KIND OF BUSINESS OR
-		AL RESIDENCE (IF NURSING HOME STATE 136 COL		GIVE RESIDENCE BEFORE	E ADMISSION)				
35		aryland	INTY	Baltimo		13d. INSIDE CITY LIMITS?	13e STREET A	Abell Ave	mie
		ATHER'S NAME		Dartino	10	15. MOTHER'S MAIDEN NA		HOULE AVE	iluc
00		Robert	WIDDLE	Pinder		Ada		MIDDLE	Oakley
		WAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, O	RMED FORCES?	16b. SOCIAL SECU		17 INFORMANT		ADDRESS	
		no	1/2-1-1-1-1	215-09-	9003	Mr. John W.	Burke,	Baltimore	, Md.
		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAUS		line for (o), (b) on	d (c).)	Rid Infanct	L.		SETWIEN ONSET AND DEATH
		1691 1 MMEDI	ATE CAUSE (a)			2	1	1	, 00,03
		Conditions, if ony, which	DUE TO, OI	r as a conseque	ENCE OF	Consistive &	teart	Failure	yes
		gove rise to immediate couse (a), stating the	(6)			1	~		
		underlying couse lost.	DUE 10, OI	R AS A CONSEQUE	ENCE OF	Severe COF	50		gro
		PART 2 OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO I	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE	OR CONDITION G	IVEN IN PART 1(n)
	NO.			-					
C	CERTIFICATION	190. DATE OF OPERATION	19b. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOI	SY? 20b. IF YE	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH?
	TIF			-			YES 🗌		ES NO
0		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D		FINJURY M. MONTH DA	AY YEAR	21c HOW INJURY OCCURR	RED (ENTERNATI	URE OF INJURY IN ITEM 18	PART I OR PART 2)
1	EDICAL	(IF EITHER NOTIFY MEDICAL EXAMIN	CAIII		19	-	-		
	WED	21d INJURY OCCURRED	21e PLACE C	OF INJURY EET, FACTORY, OFFICE, F	ARM, ETC 1	21f. LOCATION STREET		CITY OR TOWN	COUNTY STATE
	_	AT WORK NOT WHILE AT WORK						11	
		26 I certify that (I) (they has			92	6/28 19 82	, to	3/25/	, 19, that (I) (we) lost
	18	sow the deceased plive of obove, (1) (we) (d d) (did i	n	after death.			deoth occurred	on the date and ho	our and from the causes stated
	1	Gregory J.	It lkno	17)		DEGREE ATTENDING PHYSICIAN	MEDICAL	STAFF PHYSICIAN	226. DATE SIGNED
-	133	22d PHYSICIAN'S NAME (TYPE	OR PRINT)		NO. E	22e ADDRESS	JUNECTORE	1 -	
1		GREGORY L	WALKER	MP		201 E UNI	VERSIT	ytkuy.	1500 MD 212/8
	(BURIAL, CREMATION, REMOVA		-		EMETERY OR CREMATORY	23d. LOCAT	ION R TOWN	COUNTY STATE
		Burial	3-27-	-82 St	. Pau	l's Cemetery	Uppe	rco	Balto Md.
		UNERAL DIRECTOR		ADDRESS		25a. DATE	E REC'D. BY RE	GISTRAR 25b. REGIS	STRAR'S SIGNATURE
		Eline Funeral l	Home, Han	nps tead,	Md.	21074 M	AR301	S82 7	alle Win

DHMH - 16 50M 1/81 (VRA 1S, 4)

IMPORTANT: If hem 21 is morked or Item 18 shows any injury, or other traumatic event, th

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FOR

STATE

REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	1 DEC	CEASED NAME FIRS	T	MIDDLE		AST	20 DATE OF DEATH		DAY YEAR	26 HOUR
		OR PRINT)			ECHO					
		Stewa		chard			Marc		1982	10:40P _M
	3 SEX		4 RACE	State of the state	S. DATE C		6 AGE (IN YEARS LAST BIRT		MONTHS DAYS	HOURS MIN
		Male	Wh	ite	June	e 25 1913	68	YRS		
1		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	XX NEVER MARRIED	9 BALTIMORE CITY O	_		
5	100	Maryland	U.	S.A.	WIDOWE		Baltimore	City		MD.
	10 CI	TY OR TOWN OF DEATH				OR OTHER INSTITUTION	120 USUAL OCCUPATI			F BUSINESS OR
2		Baltimore		. Pratt S	t. 21	223	Watchman	WORKING LI	News-	Post
2	Ma Ma	ryland	OME OR OTHER INSTITUTION	Baltimo		YESXX NO 🗆	130 STREET ADDRESS	ratt	St. 212	23
_	14. FA	THER'S NAME	MIDDLE	LAST		15 MOTHER'S MAIDEN NAM	MIDDLE		77 (AS	ST
-		William	Α.	Echo		Elv.	ina	0rr	ell	
		AS DECEASED EVER IN U.:	S. ARMED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRE			
			WW-II	213-01-8	574	Gladys L Echo	o/1333 W Pr	att S		
		18 CAUSE OF DEATH (Ent		r line far (a), (b), and	d (c .	1 00		1110	BETWEEN	ONSET AND SEATH
			EDIATE CAUSE 10	Resp	sual	an Taille	u		1	- will
		2028	DUE TO, C	R AS A CONSTITUTE	NCE OF	1 1	00		_	
		Canditions, if ony, which		maley	nonto	plewal	Kkenon		J	mo
		gave rise to immediate couse (0), stating the	DUE TO, C	R AS A CONSTOU	NCE OF	, // 0				
		underlying cause las	it ((c)	malys	mo	Lymphon	na		10	, soul
	7	PART 2 OTHER SIGNIFICA	ANT CONDITIONS C	ONTRIBUTING TO	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	OITION GI	VEN IN PART 1	0)
	CERTIFICATION									
3	CA	190 DATE OF OPERATION	196. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?		S, WERE FINDIN	
	TIF						YES NO		ES 🗌	NO 🗆
_	E	21a. ACCIDENT WAS UNDERLYIN	110110 4	OF INJURY .M. MONTH DA	YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJUI	Y IN ITEM 1B.	PART 1 OR PART 2)	
	AL	OR CONTRIBUTING CAUSE (OF DEATH	.M.	19					
	MEDICAL	214 INJURY OCCURRED	21e. PLACE	OF INJURY		21f LOCATION	CITY OR TOV	(A.I.	COUNTY	
	W	WHILE AT WORK	(AT HOME, ST	REET, FACTORY, OFFICE, F	ARM, ETC.)	SIREE!	CITY OR TOV	/	COUNTY	STATE
		22a. I certify that (1) this	hospital) ottended tl	deceased from_	Δ.	4/28 19 8-1	, to	112	19 82	that (we) last
		saw the decaysed alivabove, (1) (we) (did) (a	ve on 2	ofter death	\$2.01	nd that in (my) bur) opinion o	death occurred on the	ate and ho	ur and from the	couses stoted
		226. SIGNATURE	. /	- 11	7	DEGREE		7.77	22c. DATE	MGNED
		Chlleon	cletal	reful	0	PHYSICIAN L	DIRECTOR PHYSIC		3/	6/8-2
		224 PHYSICIAN'S NAME	TYPE OR PRINT)			220 ADDRESS SYA	CNES HOS	0	1	/ 2
		Wills	m CU/v	AT EMPIS	Lon	9001	CATON -	TUE .	(3917	190120

DHMH - 16 60M 1/75 (VR A 15 (4))

should be detached f with the State Dept. o IMPORTANT: If them

^{24 FUNERAL DIRECTOR}
Walters Funeral Home/Pratt & Stricker Streets

230 BURIAL, CREMATION, REMOVAL Burial 23b. DATE 03/16/82

23c NAME OF CEMETERY OR CREMATORY Loudon Park Cemetery

Baltimore City, Maryland

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		.4.2.	el Premi	
	5 12			
S. SHIPLE				

		1.	FOR			DEPART	MENT OF	HEALTH	AND MENT	AL HYGIEN	IE 2		0 6	5 3 2	9
		1-	STATE REGISTRAR		ME				ERTIFICAT		1338 Ph 3	REG. I	NO.	, ,,, ,,,,	
	O		CEASED NAME	FIRST	1811	MIDDLE		7-14	LAST		2a. DATE	KNOWN		DAY YEAR	2b. HOUR
	NAME OF THE PERSON OF THE PERS	,,,,	L ONT WHITE	Alfons	60	W.		E	dwards		OF DEATH	MATED	□ 3	25 1982	
6	AL REAL	3. SE	4.	RACE	5. DATE OF BIRTH	YEAR	6. AGE (IN YE.	ARS IF UN	DER 1 YR. IF UN	NDER 24 HRS.	2c DATE		MONTH	DAY YEAR	2d. HOUR
6	超音校署			Black	APPI/13	3-13	68 YI	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	TS DATS HOU	RS MIN	DE AE)	3	25 1982	9:49
	出出る世紀プラ		RTHPLACE (STATE	E OR	76. CITIZEN OF W	HAT COU	VTRY?	8. MARRI	ED NEVER M	AARRIED .	9. BALTIN	AORE CITY	OR COUN	NTY OF DEATH	
	S W W	10.6	5,0	0,	2/5	B.		WIDOW		ORCED [1+imor			MD
	SEGES!	10. C	ITY OR TOWN OF		I IF NOT IN SUCH F	ACILITY, GIVE	STREET ADDRESS		ER INSTITUTION	FOR.	MOST OF WO			OR INDIES	TPY
	S S S S S S S S S S S S S S S S S S S	USU.	Baltimo		735 E.	23rd	Stree	+		SLLI	peny	150r)	Steel	Co.
21201	ANY DELA AND 3 TO 1 RETAIN PA HOULD BE F RECORDS	13a. S	Nd.	136 COUN	TY	Ba	OBTOWN		13d. INSIDE CITY LIMI YES NO		EET ADDRI	ESS 23rd	56.		
AP.	A 13.2	14. F.	ATHER'S NAME		MIDDLE		LAST	,	15. MOTHER'S M	AAIDEN NAME		WIDDLE		LAST	
ORE,	出来 文字	2	Wilbu	10		Ea	Wand	15	2/47	KNOWI	V	- 1	-		
LIMO	FTER DEATH F PAGES 1, FORM PM FES 1 AND 2 ION OF SET	16a. \	VAS DECEASED E ES, NO, OR UNKNOWN	VER IN U.S. AR/		166. SO	CIAL SECURIT	Y NO.	17. INFORMANT		0	ADDRE:			,
BALTIMORE, MD.	URS AFTER I 8. GIVE PAC WITH FORM T. PAGES 1 DIVISION C		NO			24	-01-66	1917.	Mrs. /	Nette	Pac	Ken	1817N	Caroli	NeSb
ST.,	ME V WIT		PART I DEAT	DEATH (Enter on H WAS CAUSE	ly ane cause per lin									BETWEEN ONS	E INTERVAL
W. PRESTON ST.,	JTED WITHIN 24 HOUI IN PENCIL IN ITEM 18, IN TEMASIT PERMIT, MENTAL HYGIENE, I ON, OR REMOVAL.		11.56	IMMEDIA1			OSC LET		cardiova	ascular	dise	ase			
RESI	EMC EMC			if any, which	00210,0	K AS A COI	43EQUEINCE (Jr.							
3	OR R AND REAL PROPERTY OF THE			ta immediate	DUE TO, OI	R AS A COL	NSEQUENCE () F							
201	ULID BE EXECUTED WITH "PENDICAL EXAMINER SED AS A BURIAL - TRAN HEALTH AND MENTAL IN AL, CREMATION, OR REF		lying cause	last.	(c)		.02.002.702.								
ÖS,	A TINE BUT		PART 2 OTHER SIGNI	FICANT CONDITIONS	CONTRIBUTING TO GEATE	BUT NOT REL	ATEO TO THE TERM	INAL DISEASE	OR CONDITION GIVEN	IN PART 1 Io.,					
0	D BE EXECTION OF BE BUILDING WEDICAL AS A BUILDING CREWAT	ON			Diabet	es Me	Ilitus								
AL R	HEF A	CERTIFICATION	190 DATE OF O	PERATION	19b. COND	ITION FOR	WHICH OPER	ATION W	AS PERFORMED?					20 AUTOPSY	?
VIT	NORD "P	RIFE	AL EVIENNAM	24116514/46										YES 🗆	NO [X
0	SAESE S		210 EXTERNAL O	OR			DAY YEAR	21c. HC	OW INJURY OCC	URRED LENTER	NATURE OF IN	JURY IN ITEM I	8 PART I OR P	ART 2]	
Sio	RTIFICATI NG THE V SHOULD PARTMEI	MEDICAL	CONTRIBUTING	Name of Street, Street		OF INJURY	19	1216 100	CATION						
DIVISION OF VITAL RECORDS,	REBUSE	ME	WHILE AT WORK	NOT WHILE	STREET, FAC	CTORY, FARM, E	TC.)		TREET		CITY OR TO	WN	cc	YTHUC	STATE
	± > 8 4 5 2									[\forall]			-		
	A E E E E E E E E E E E E E E E E E E E		_		e at the remains de			Autop	Г	ection X.	Inquiry		and in my a	pinian	
	RECIPIED SECOND		death resulted	fram: A Natur	al causes .	Accident	LJ, Su	icide	, Hamicide L		ermined m	anner			
	CAL EXA THE CER SHOULD STAL DIR ATH, WI		ACTUAL SIGNATURE	MA	1 XX	D			D Assist	and the	W. A. E. V. A.	419.157	DATE	3/25	182
	SEA SEA	_		1/11/	10		1		DISSISI		ICAL EXAM		SIGN		/02
	TO MEDICAL EXAMINES: EXCUTE THE CERTIFICATE PAGE 4 SHOULD BE FOR: TO FUNERAL DIRECTOR: AFTER DEATH, WITH THE S BALTIMORE, MARYLAND,		(TYPE OR PRINT)	AME VANN	M. Dikon	1, M.D).		ADDRESS	III Pe	nn St	· E	3alto.	., MD.	
	F02749	23a.B	URIAL, CREMATIC	N, REMOVAL 2	36 DATE	23c. l	NAME OF CEA	AETERY O	RCREMATORY	23d. LC	OCATION	,	COL	JNTY 5	TATE
0908	BP	74 5	BILIDIA V	10	3-30-80	2 19	d. N22	Mel	W. FARK	AVE DECID	201	0/200	CICTRACIC	NY	,
	DHMH - 17 (VR A 15 ME (5))	1	NAME	0000	SO MODER	5	, do	2"	[4 100. D	ATE REC'D. BY	KEGISIRA	IN 130 KE	DISTRAK'S	SIGNATURE	
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(M)	{TYP		A EDWARDS	LAST	20. DATE OF DEATH		2b HOUR
	3. SE	x Female	Black	S. DATE OF BIRTH .	6. AGE (IN YEARS LAS	MONTHS D	YEAR IF UNDER 24 HRS
1 11 30		IRTHPLACE ISTATE OR FOREIGN COUNTRY! Tyland	U. S. A	MARRIED L NEVER MA		OR COUNTY OF DEAT	H MD.
37		ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE MEACY HOSE	URSING HOME OR OTHER INSTIT	UTION 120 USUAL OCCUP LITYPE OF WORK FOR MO HOMEMAK	ATION ST OF WORKING LIFE) 12b. KIT INDUS	Home
SE house	USU 13a	AL RESIDENCE (IF NURSING HOME OF	NTY STATE OF THE PROPERTY OF T	TOWN 134 INSIDE CITY	LIMITS? 136 STREET ADDRES	S PROLITON AN	
mpletely ond 2 st	14. F.	James	MIDDLE Q	ueen Se	MAIDEN NAME STAN		LAST
Pages 1		WAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GP		SECURITY NO. 17 INFORMAN	Baltimore, AD urice Edwards		
NG PHYSICIAN: The law requires that the death certificated and physician. After this certificate been signed by the attending possible buriol-transit permit. Then please remove carbon, the and Mental Hygiene prior to buriol, cremation, ar removed or them 18 shaws any injury, ar other froumatic even	NO	Conditions, if any, which gove rise to immediate cause ial, stating the underlying cause lost.	DUE TO, OR AS A CON (b) ACLETE DUE TO, OR AS A CON (c) NUETE	PULLHOLKALY E	UFANCTION	ONDITION GIVEN IN PAR	tt lio
he law re an. has been permit. ene prior	CERTIFICATION	19a DATE OF OPERATION"	196 CONDITION FOR V	HICH OPERATION WAS PERFORM	AED 200 AUTOPSY?	20b. IF YES, WERE FII IN CERTIFYING CAU	NDINGS USED USES OF DEATH?
PHYSICIAN: T trending physici re this certificate the buriol-transfinand Mental Hygi and Mental Hygi (ced or Item 18 sh	MEDICAL CER	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE- (IF EITHER NOTIFY MEDICAL EXAMINE) 210 INJURY OCCURRED WHILE ATWORK NOT WHILE ATWORK	HOUR A.M. MONT	19 211. LOCATION		NJURY IN ITEM 18 PART I OR PAR	
OR ATTENDI or haspital or DIRECTOR: A ached for use Dept of Heal		220.1 certify that (1) this haspi	1) view the body after death.	DEGREE ATT	19 52 , to 3 ur) opinion death occurred an the TENDING MEDICAL S YSICIAN DIRECTOR PHY	TAFF 1 22c. D	, magaziwe) idsi
TO HOSPITAL retoined by the TO FUNERAL should be detined in with the Store IMPORTANT:		NAMERICE	KEELER, MD	301 57	PAUL DL. B	ALTIMORE, M	D.
O BP		BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	4/6/82	Mt. Auburn C	em. Baltin	nore City,	Marylähd
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN X XMONTH (TYPE OR PRINT) ESTI-MICHAEL **EGAN** DEATH MATED 3-20-829 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. SEX 4. RACE DATE OF BIRTH DAY 2d HOUR 2c. DATE LAST BIRTHDAY | MONTHS PRONOUNCED 1:40A APRIL 19,1906 male white 75 3-20-8219 76. CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH FOREIGN COUNTRY) MARRIED NEVER MARRIEDXX IRELAND USA DIVORCED Baltimore City 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 126 KIND OF BUSINESS (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) PRIEST OR INDUSTRY RELIGIOUS Baltimore University Hospital JSUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 30. STATE 131 COUNTY 13c. CITY OR TOWN . 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS MARYLAND BALTIMORE TOWSON DULANEY VALLEY ROAD DICAL EXAMINER ALONG WITH FORM PM 3. 2, A A BURIAL - TRANSIT PERMIT PAGES 1 AND 2 SH. H AND MENTAL HYGIENE, DIVISION OF WITH RANDING ON REMOVAL. 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE PATRICK MARGARET COUGHLAN EGAN 160. WAS DECEASED EVER IN U.S. ARMED FORCES? IAN SOCIAL SECURITY NO 17 INFORMANT ADDRESS IYES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 220-44-8776 JOSEPH P. OATES, 9 CARRIAGE CT. 21234 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: Neck injury IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate couse (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL **CHERAL DIRECTOR**: PAGE 3 SHOULD BE USED AS A BUJ AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AN BALTIMORE, MARYPAND, 21201 PRIOR TO BURIAL, CREMATI PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT HOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [] 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING XXOR passenger of auto/auto impact CONTRIBUTING CAUSE OF DEATH The PLACE OF INJURY 211 LOCATION 21d INJURY OCCURRED intersection of WHILE AT WORK AT WORK Perring Pkwy. 2100blk Woodbourne Ave. Balto. Md Inspection XX 22a. I certify that I took charge of the remains described above, held an Autopsy Inquiry and in my opinion Undetermined manner TITLE (SPECIFY) DATE 3-20-82 Assistant SIGNATURE EXAMINER'S NAME ADDRESS 111 Penn Street Korell M.D. 230. BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION COUNTRY BURIAL MAR. 27.1982 CLONMACNOISE ATHLONE IRELAND 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE BALTIMORE, MD. **DHMH-17** ADDRESS MITCHELL-WIEDEFELD HOME 6500 YORK RD. 21212 (VR A15 ME (5)) 15M 2/80

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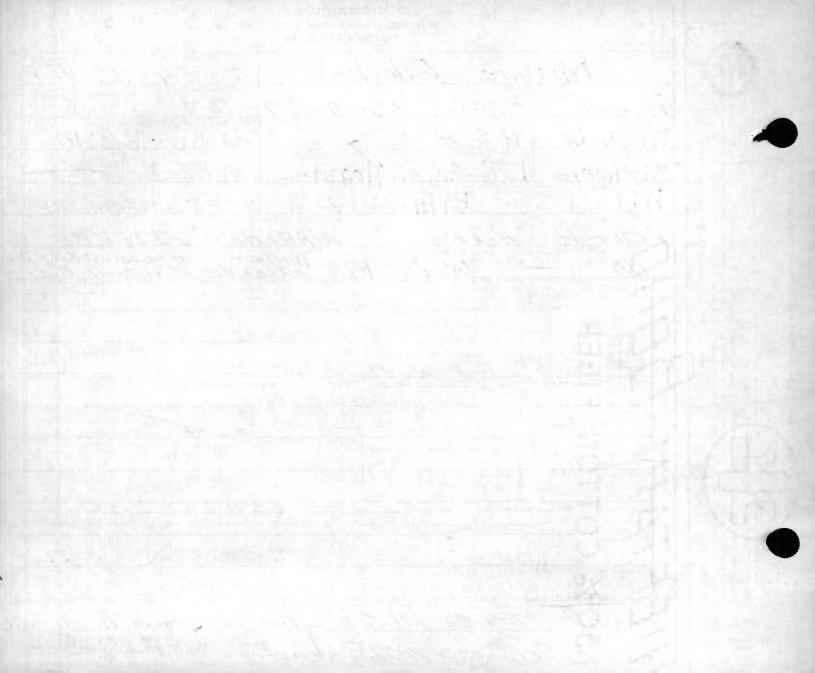
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3	1.	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE CERTIFICATE OF DEATH REG. NO.	6 3 3 5
		CEASED NAME FIRST MIDDLE Ellerbe 20. DATE OF DEATH MONTH DA	32 10Pm
4 mg	3 SE	emale Black 03-15-97 84 YRS.	FUNDER 1 YEAR OF UNDER 24 HRS
der n. Pr	V 10. B	RTHPLACE (STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED FOREIGN 9 BALTIMORE CITY OR COUNTRY COUNTRY OF FOREIGN DIVORCED DIV	City MD.
hours ofter d in by the f lbe filed wit	B	AL RESIDENCE UP NURSING HOME OR OTHER INSTITUTION (TYPE OF WORK FOR MOST OF WORKING LIFE)	126. KIND OF BUSINESS OR INDUSTRY
	13d	THER'S NAME 136 COUNTY 136 COUNTY 136 INSIDE CITY LIMITS? 136 STREET ADDRESS WITH A	ens Are
omplet ond	1	Ictor H. MIDDLE HINES MARTHA MIDDLE ELLO	FRBE
BALTIMORE, cate be execu ysician and c apprs. Pages wol. (1) the medico			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
- 400		18. CAUSE OF DEATH (Enter only ane cause per line far (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CAPA OPULATION RY ARREST	BETWEEN ONSET AND DEATH
PRESTON ST he deoth certi he ottending p emove corbon matlan, or ren	19	Conditions, if ony, which gove rise to immediate DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which (b) ACIDOSIS - REMAL FAILURE	2/3/923/4/92
es that the ned by the please removial, cremin, or other		couse (a), stating the underlying cause lost. Due to, or as a consequence of SEPSIS - MUTIPUE ORGAN FAILUIZE PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVE	2/3/82-34/82
	ATION	STATUS POST (LOSURE OF COLOSTOMY 190 DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 200 IF YES.	WERE FINDINGS USED
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OR ATTEN e hospitol DIRECTOR oched for u Dept. of He	1	sow the deceased alive an	and from the couses stated
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TO HOSPITAL retained by the TO FUNERAL should be detained with the State	230	BURIAL, CREMATION, REMOVAL 236 DATE 236 NAME, OF CEMETERY OF CREMATORY 236 LOCATION 2	
255/BP	74 F	Saria 3-9-82 Mt. Calvary Com. Annethrunde, UNERAL DIRECTOR	COUNTY STATE
DHMH - 16 50M 1/81 (VRA 15, 4)	1	Callin R. Struggs St. 1/12 E. Preston SMAR 8 1982 Man	u Jan Haz Clan



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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1 - STATE REGISTRAR			CERTIF	ICATE OF DEATH	REG. N	0.		
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BIRTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	8.		9 BALTIMORE CITY C		OF DEATH	
Md •	U.S.	ΑΔ	WIDOW	D NEVER MARRIED DIVORCED D	Baltim	ore C	litw	N
10 CITY OR TOWN OF DEATH	11. NAME OF		IG HOME	OR OTHER INSTITUTION	120. USUAL OCCUPAT	ION	126. KIND C	OF BUSINESS O
Baltimore		ch Hospi			Meat Cut		Groc	erv
USUAL RESIDENCE (IF NURSING HOME	OR OTHER INSTITUTION		ADMISSION)	A 121 INCORE CITY LIGHTCO	13e STREET ADDRESS		7 0-00	0_0
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14. FATHER'S NAME	MIODLE	LAST		15. MOTHER'S MAIDEN NA	ME	.00.110		
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18 CAUSE OF DEATH (Enter	only one couse pe							MATE INTERVAL ONSET AND DEATH
PART I. DEATH WAS CAU	SED BY. IATE CAUSE (a)	CON	GESTI	VE HEART FAILU	JRE -			
Conditions, if any, which		PULMONARY		A, GANGRENE LE	FT GREAT T	0E		150
couse (0), stating the underlying cause last	DUE TO, C	SEPTI	CEMIA					
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OR COLUMN THE TO CAUSE OF	110000	M. MONTH DA	AY YEAR	21c. HOW INJURY OCCURR	CED (ENTER NATURE OF INJU	RY IN ITEM IB PA	(RT 1 OR PART ?)	
(IF EITHER NOTIFY MEDICAL EXAM) 21d. INJURY OCCURRED		.M. OF INJURY	19	211 LOCATION				
WHILE NOT WHILE AT WORK		REET, FACTORY, OFFICE, F		STREET	CITY OR TO	WN	COUNTY	STATE
220 I certify that (I) (this had saw the deceased alive		ne deceosed from	82 °	nd that in (my cour) opinion of	, toMAKCH death occurred on the do	ote and hour		that (I) we couses stated
"Fill Timber	diale	2		DEGREE ATTENDING PHYSICIAN	MEDICAL STAI		3/18	SIGNED 2
778 PHYSICIAN'S NAME (11	ECHINO)	0		22e ADDRESS CHUF		-	ORATIO	NI O
W TMPAG	TATELLE	MD		JOO NODTH DE		TIMOD	0101120	21221

DHMH - 16 50M 1/81 (VRA 15, 4)

MPORTANT: If Irem 21 is marked or Irem

TO FUNERAL DIRECTOR: After should be detached for use os with the State Dept. of Health

230 BURIAL, CREMATION, REMOVAL (SPECIFY) 236. DATE

23c. NAME OF CEMETERY OR CREMATORY Redeemer

23d LOCATION
CITY OF TOWN
Baltimore

Md.

STATE

Burial 3/22/82

Herman Funeral Director

B. Dabrowski & Son 2818 Cem. Baltimore

250. Date REC'D. By REGISTRAR 256 REGISTRAR'S SIGNATURE

MAR 23 1982 Chances Sea. The E. Baltimore St.

2 1 2 70 . 00000 olal Estimos downs or organists Salating x 2813 Crianne St. Current 1 3/22/82 - Holy Redoement Cem. Bellinore . 15 I SALIS A HAM IT SECONDATES IN BELLEVIOLE A FRANCISC . T

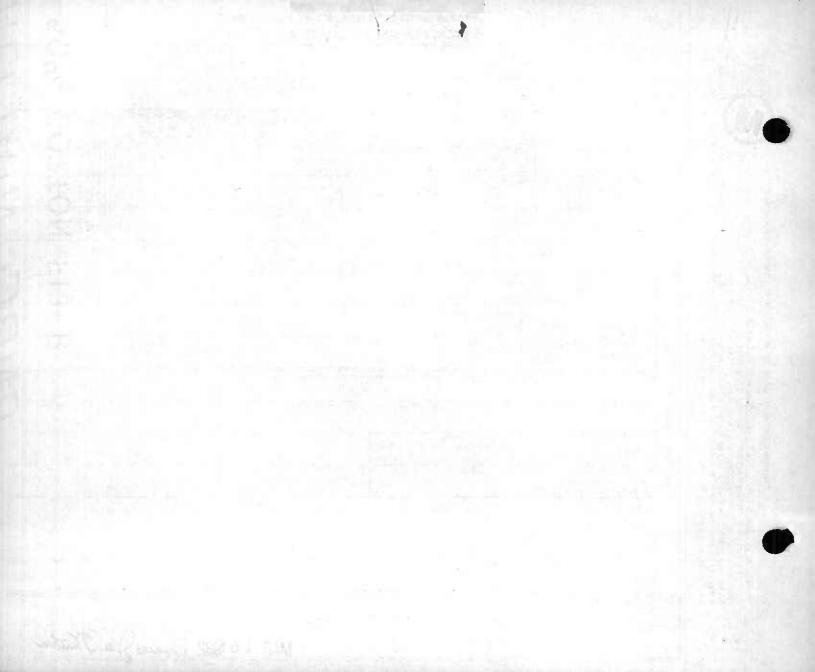
STATE OF MARYLAND

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Poge 4 m	(國)			Male		White	MONTH	DAY YEAR	6 AGE (IN YEARS LAST BI	YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS ON THIS DAYS HOURS MIN.
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ST	nding physical corbonpaper , or remaval.	ofic event, th		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CA	USED BY: DIATE CAUSE (6)_	/	PULM	ONARY /-	RREST		APPROXIMATE INTERVAL BETWEEN ONSEL AND DEATH
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IVISION	er this	orked or	MEDICAL	THE INSURT OF CURRED	21e. PLAC	E OF INJURY STREET, FACTORY, OFFICE, FA	ARM. ETC.)	21f LOCATION STREET	CITY OR TO)WN	COUNTY STATE
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO MIDDLE . DECEASED NAME ESTI- XX a. DATE 7h HOUR (TYPE OR PRINT) OF MALIKIAH **EPPS** 3 19 82 В. 14 DEATH MATED 1 SEX 4 RACE 5. DATE OF BIRTH AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS MONTH 2d HOUR 24. DATE 55 VPS PRONOUNCED MALE BL ACK 3 ğ 27 19 82 10:54 DEAD TO BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED FOREIGN COUNTRY) USA BALTIMORE CITY S.C. DIVORCED WIDOWED [B. CITY OR TOWN OF DEATH II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS FOR MOST OF WORKING LIFE! OR INDUSTRY AWEST. BALTIMORE STREET BALTIMORE USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d. INSIDE CITY LIMITS? 13. STREET ADDRESS W. 13h COUNTY Baltimore Baltimore St. YES X NO [14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Mary PAGES 1 AND James Epps McDona 1d DIVISION OF 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (YES, NO, OR UNKNOWN) LIF YES GIVE WAR OR DATES! 212-22-8880 Delores A. Epps 820 E. North Ave. No CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o). Alcoholism DUE TO, OR AS A CONSEQUENCE OF BURIAL - TRANSIT Conditions, if ony, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH DUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0) USED AS A CERTIFICATION INER: INITION THE WATER ARE FORWARDED TO THE CHIEF ME FORWARDED TO THE CHIEF ARE STORE PAGE 3 SHOULD BE USED AT THE STATE DEPARTMENT OF HEAT THE STATE DEPARTMENT TO BURIAL, C 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D AUTOPSY? YES . NO [210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH P.M. 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 21f. LOCATION EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNEAL DIRECTOR: PAGE 31 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P STREET, FACTORY, FARM, ETC.) STREET CITY OF TOWN COUNTY STATE WHILE AT WORK 22a. I certify that I took charge of the remains described above, held an Autopsy and in my opinion death resulted from: Homicide Undetermined monner TITLE (SPECIFY) ACTUAL Assistant MEDICAL EXAMINER DATE 3/15/82 SIGNATURE SIGNED EXAMINER'S NAME 111 Penn Street Balto MD 21201 Hormez R Guard, M.D. (TYPE OR PRINT) ADDRESS. 230. BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY STATE ITY OR TOWN Burial 3/19/82 King Memorial Pk. Baltimore Co. MD 24. FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR 25b. REGISTPAR'S SIGNATURE **DHMH-17** 1101 E. North Ave. (VR A15 ME (5)) C. March F/H Wm. 15M 2/80



STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

The state of the property of the series

1101 E. North Ave.

STATE OF MARYLAND

Paltimore, Md. STATE 250 DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

26 HOUR

12h KIND OF BUSINESS OR

APPROXIMATE INTERVAL

NO [

STATE

COUNTY

22c. DATE SIGNED

IF UNDER I YEAR

INDUSTRY

DHMH - 16 50M 1/81

(VRA 15. 4)

24 FUNERAL DIRECTOR

Wm C March F/H

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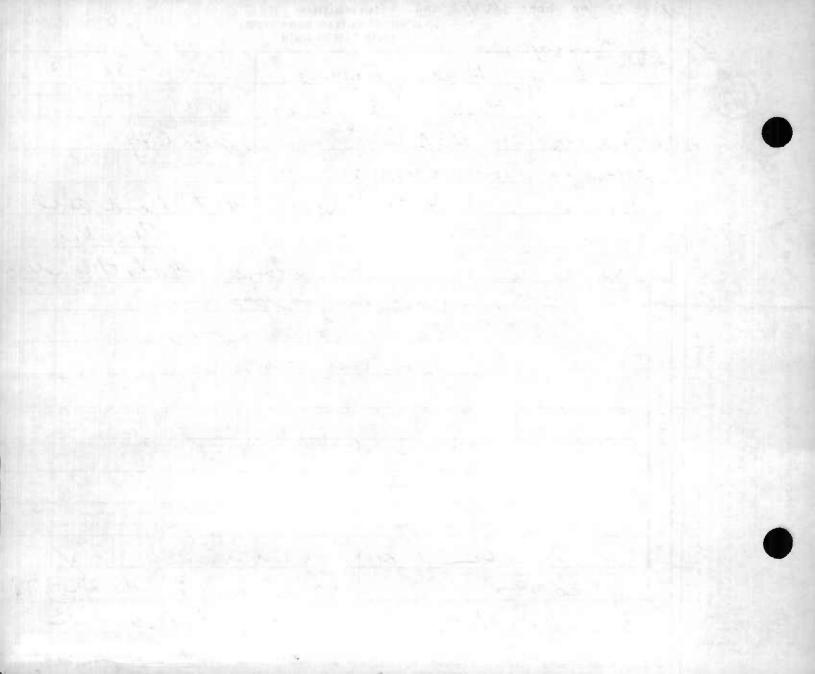
STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME KNOWN LIYPE OR PRINTS EST1-3-26-82 RAL DIRECTOR.

OR YOUR FILES.

MITHIN 72 HOURS

PRESTON STREET, W. DEATH MATED TYRONE EVANS 4. RACE DATE OF BIRTH AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HR DATE 2d HOUR YEAR LAST BIRTHDAY PRONOUNCED 3-26-82 1:14 black 35 YRS male 11 46 DEAD 4 BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH FOREIGN COUNTRY MARRIED NEVER MARRIED USA MD Baltimore City WIDOWED DIVORCED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION TYPE OF WORK 126. KIND OF BUSINESS OR INDUSTRY Hospital ES 1, 2, AND 3 CO PM 3. RETAIN IND 2 SHOULD HE EVITAL RECORDS. Baltimore Johns Hopkins 13b. COUNTY 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 1700 30th St MD Baltimore NO [14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST T. PAGES 1 AND DIVISION OF VIT William H. Svlvia Evans L. Evans 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17. INFORMANT ADDRESS N/A Sylvia Evans 1700 30th St. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) APPROXIMATE INTERVAL ED AS A BURIAL - TRANSIT PERMI) HEALTH AND MENTAL HYGIENE, NI. CREMATION, OR REMOVAL. PART I DEATH WAS CAUSED BY Gunshot wound of back with injury to abdomen AMMEDIATE CAUSE (o. Conditions, if ony, which and chest gove rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 Id CERTIFICATION FORWARDED TO THE CHIEF M TOR: PAGE 3 SHOULD BE USED A THE STATE DEPARTMENT OF HEA AND, 21201 PRIOR TO BURIAL, C 190. DATE OF OPERATION USED/ 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YE9XX NO [21g EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING XXX subject shot CONTRIBUTING CAUSE OF DEATH 214. INJURY OCCURRED 2 II. LOCATION 21e PLACE OF INJURY (AT HOME. EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNEMAL DIRECTOR: PAGE 31 AFTER DEATH, WITH THE STATE DE BALLIMORE, MARYLAND, 21201 PI STREET FACTORY FARM, ETC.) 1800 blk. N. Washington St. Balto., Md. WHILE AT WORK AT WORK X K Autopsy X 22a. I certify that I took charge of the remains described above, held an Inspection and in my opinion Homicide XX Notural couses Undetermined monner TITLE (SPECIFY) 3-26-82 Assistant SIGNATURE EXAMINER'S NAME ADDRESS 111 Penn Street 230 BURIAL, CREMATION, REMOVAL 236, DATE 23r. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Burial COUNTY d'M's 3/31/82 Baltimore King Mem. Pk. 250. DATE REC'D. BY REGISTRAP 246. REGISTRAP SIGNATURE 24. FUNERAL DIRECTOR **DHMH-17** 1101 E. North Ave. (VR A15 ME (5) C. March F/H 15M 2/80

1	1 - 5	n 11 per phone OR TATE EGISTRAR		STATE OF MARYLAND TMENT OF HEALTH AND MENTA CERTIFICATE OF DEATI		06343
in V	1. DECE. (TYPE OR	Lucy	Mae	Faggins 15. Date OF BIRTH	20. DATE OF DEATH MONTH 3. AGE (IN YEARS LAST BIRTHDAY)	DAY YEAR 26 HOUR 12-2-
	7a BIRTI	Female	Black CITIZEN OF WHAT COUNTR	12 24 2	AR	MONTHS DAYS HOURS M
thomas 72 th	Nor		USA	MARRIED NEVER MARRIE WIDOWED DIVORCE ING HOME OR OTHER INSTITUTION	Balto. Ci	12b. KIND OF BUSINESS
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in 24 hou y filled in should be	13a STA	Ma 136 COUNTY	13c. CITY OR TO	TIS INSIDE CITY LIM	HOII Kuttl	and are
omplete exomin	Ja	med	DOLE THIS	1) MOTHER'S MAID FIRST	MIDDLE	Wychist
cate be execut ysician and co ppers. Pages I vol		S DECEASED EVER IN U.S. ARME NO OR UNKNOWN) (IF YES, GIVE W		CURITY NO. 17 INFORMANT	Fagin 4011	Kathlande APPROXIMATE INTERVAL BET WEEN ONSET AND DEA
res that the death certific ned by the attending ph tylease remove carbon poural, cremation, ar remo y, ar other traumatic even	P.	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (b)				
he low requon. has been sit permit. The tene prior to lows any injur	CERTIFICATION	DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IN C	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO
SICIAN: TI ng physici certificate urial-transil tem 18 sh	0	O. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY HOUR A.M. MONTH P.M.	DAY YEAR 19	OCCURRED (ENTER NATURE OF INJURY IN ITE	M 18, PART 1 OR PART 2}
G PHY ortendi	<u>u</u>	IN JURY OCCURRED WORK NOT WHILE WORK	21e PLACE OF INJURY JAT HOME, STREEY, FACTORY, OFFIC	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
TEN or us or us of He	22	a. I certify that (I) (this haspital saw the deceased alive an above, (I) (we) (did) (did nat)	7-5- 19	0	pinion death occurred an the date an	d haur and from the causes stated
the hat the hat the hat the hat the perfective Depth is if the	21	b. SIGNATURE	lela	DEGREE ATTENE PHYSIC	DING MEDICAL STAFF	The DATE SIGNED
TO HOSPITAL retoined by 1 TO FUNERAL should be det with the Stote	27	d. PHYSICIAN'S NAME (TYPE OR PE	1AN	27e. ADDRESS 2717-4	smmoan Ferry	Rd Barnas
DBP———	23a. BUF		3/10/82	NAME OF CEMETERY OR CREMA		COUNTY STATE
DHMH - 16 50M 1/76	1	ERAL DIRECTOR	ADDRESS	1.51.4/1.	50. DATE REC'D. BY REGISTRAR 255 R	EGISTIPAR'S SIGNATL'RE



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20 DATE OF DEATH MONTH ROSE FAIRBANK MARCH 5. DATE OF BIRTH 4 RACE IF UNDER 1 YEAR Female White Feb. 25. 1888 MERTHPLACE (STATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Maryland BALTIMORE CITY U.S.A.DIVORCED [WIDOWED 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY THE JOHNS HOPKINS HOSPITAL Business Manager Telephone Com. USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Maryland Balto. Citu Baltimore YESmen 743 F. Lake Avenue 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME LAST Fairbank Henry Miller Amanda 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT Mrs. Althea FOOR Dunn (YES, NO OR UNKNOWN) No 217-03-8760 743 E. Lake Avenue Baltimore. 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY Hemorr hade hours IMMEDIATE CAUSE ID DUE TO, OR AS A CONSEQUENCE OF Castric Derhoration Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. Small bowle Mecrosis PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? Derhoration 210. ACCIDENT WAS UNDERLYING 71h TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e. PLACE OF INJURY 21f. LOCATION CITY OR TOWN COUNTY STATE AT HOME STREET, FACTORY, OFFICE, FARM ETC) NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from 19 82 and that in (my) (aur) opinion death occurred on the date and hour and from the causes stated sow the deceased alive on_ obove, (1) (we) (did) (did not) view the body ofter death 221 SIGNATURE DEGREE 22c. DATE SIGNED MEDICAL DIRECTOR PHYSICIAN MPORTANT 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (SPECIFY) Burial Montain View Cemetery West Friendship How 24 FUNERAL DIRECTOR Loring Byers Funeral Directors, Inc. 250 DATE RECID. BY REGISTRAN ADDRESS MAR 11 1982 DHMH-16 30M 2/80 (VRA 15, 4) 8728 Liberty Road Randallstown, MD. 21133

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or Item 18

MPORTANT: If Item 21 is

CERTIFICA

MEDICAL

DEPA	RTMENT OF H	E OF MARYLA EALTH AND A ICATE OF D	MENTAL HYG		EG. NO.	()	6	Ü	2-4	5
WIDDLE	L	AST		20. DATE OF DE	ATH MC	HIM	DAY	YEAR	2b. HOL	R
	FARRE	R			3	3 (5	82	2:	10P _M
	5. DATE C			6 AGE (IN YEARS	LAST BIRTHD	AY)		ER 1 YE AR	IF UNDER	
ACK	5	22	11	70		YRS.	MONTHS	DAYS	HOURS	MIN.
OF WHAT COUNTE		D MEVED	MARRIED XX	9 BALTIMORE	CITY OR C	OUNT	OFD	EATH		
S.A.	WIDOWE		VORCED T	BALTIM	ORE.	CIT	Y			MD
OF HOSPITAL, NUR SUCH FACILITY, GIVE STE 3900 LO	SING HOME C	R OTHER INST	ITUTION	12a USUAL OCC (TYPE OF WORK FOR	UPATION		126	KIND C	F BUSINE	
13c CITY OR TO		13d. INSIDE C	ITY LIMITS?	13e STREET ADD	RESS POPPI	ETO	N S'	TREE	т	
Farre	er		MAIDEN NAM Hester	-	DDIE			LAS	т	
217 09		James	Arms	And of the last	ADDRESS L400		uid	Hi	11 2	Ave.
per line far (a), (b),		PIRA	1024	ARRE	357		F	APPROXI BETWEEN	MATE INTER	PEATH
OR AS A CONSEC	QUENCE OF									
OR AS A CONSEC	DUENCE OF							M		
CONTRIBUTING T	O DEATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE OF	CONDIT	ION GIV	'EN IN	PART 10	31	
NDITION FOR WHI	CH OPERATIO	N WAS PERFO	RMED	20g AUTOPSY	12 2	Oh JE YES	WER	F FINDIN	VGS USE	

	ly ane cause per line far (a), (b), and (c).)		BETWEEN ONSET AND DEAT
PART I. DEATH WAS CAUSE	ECAUSE (a) CARDIO RESPIRATOR	Y ARRES	7
Canditions, if any, which	DUE TO, OR AS A CONSEQUENCE OF		
gave rise to immediate couse (o), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUENCE OF		
PART 2. OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TE	ERMINAL DISEASE OR CO	INDITION GIVEN IN PART 1(0)
190 DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED	20g AUTOPSY?	20b. IF YES, WERE FINDINGS USED

IN CERTIFYING CAUSES OF DEATH? YES T NO [210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211. LOCATION CITY OR TOWN COUNTY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 19_82 to 3-6 82 220.1 certify that \$\text{this haspital}\) attended the deceased from

saw the deceased olive on. and that in (₽₽) (our) opinion death accurred on the date and hour and from the causes stated 724 SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN

22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS

23c. NAME OF CEMETERY OR CREMATORY

Md. Veteran Cem.

23d. LOCATION Crownsville County

MDSTATE

STATE

3/15/82

DHMH-16 30M 2/80 (VRA 15, 4)

24 FUNERAL DIRECTOR

230. BURIAL, CREMATION, REMOVAL

Burial

FOR - STATE REGISTRAR DECEASED NAME (TYPE OR PRINT)

MALE

COUNTRY

TO BIRTHPLACE ISTATE OF FOREIGN

O CITY OR TOWN OF DEATH

BALTIMORE

MARYLAND

Wallten

14 FATHER'S NAME

NORTH CAROLINA

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUT 130. STATE

160 WAS DECEASED EVER IN U.S. ARMED FORCE

3. SEX

CROSBY

4. RACE

76. CITIZEN

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U.

NAME (IF NOT I

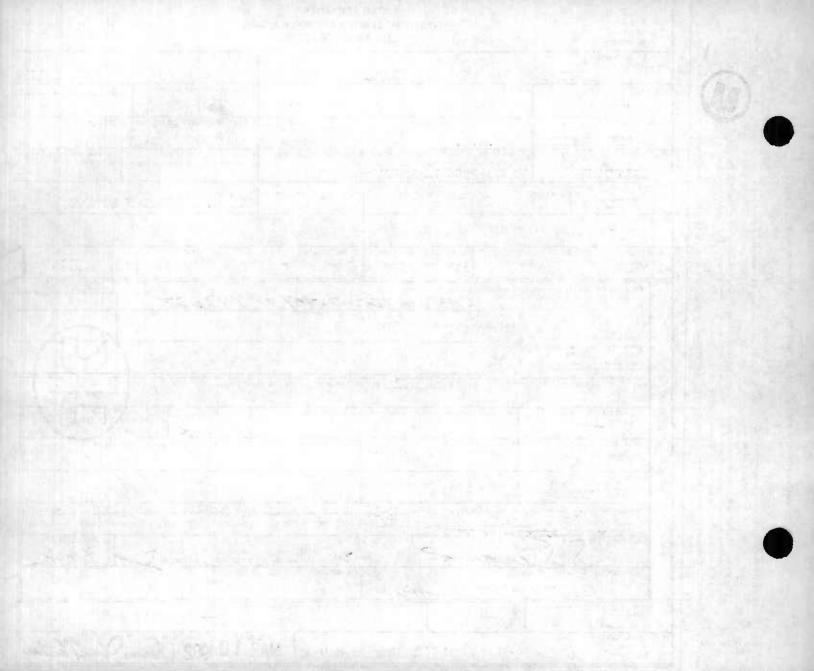
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MIDDLE

1101 E. North Ave. Wm. C. March F/H

23b. DATE

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ental Hygiene priar ta burial

1	FOR STATE REGISTRAR	DEPARTMENT OF H	E OF MARYLAND EALTH AND MENTAL HYGI ICATE OF DEATH	IENE 👌 🚣	O	6 3	4 6
	ECEASED NAME FIRST PE OR PRINT! HELEN		SLAIS	20. DATE OF DEATH	MONTH DAY	P2	7:30PM
3. 51	EMALE	CAUCASIAN DATE C		6 AGE (IN YEARS LAST BIR	THDAY) IF UP	NDER I YEAR	IF UNDER 24 HRS HOURS MIN.
R	USSIA XXXXX	WIDOWE		9 BALTIMORE CITY C	4		MD.
	BALTIMORE	NAME OF HOSPITAL, NURSING HOME OF ISANT IN SUCH FACILITY GIVE STREET ADDRESS) THE INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)	F BALTIMOKE	1121 115	F WORKING LIFE)	AT H	
13a.	MARYLAND BALT	13t. CITY OR TOWN	YES NOXXX	13. STREET ADDRESS	LLA NOVA	OW ZXX	
	AVRAHAM MID	ROSE	IS. MOTHER'S MAIDEN NAM	WIDDLE		EVIÑ	21215
	WAS DECEASED EVER IN U.S. ARME (YES, NO OR UNKNOWN) (IF YES, GIVE W NO			NOVA RD.	BALTO	, MD	21207
1000	18 CAUSE OF DEATH lEnter only one cause per line for 101, 161, and 161 PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) RECURRENT PULMONARY EDEMA						ATE INTERVAL NSET AND DEATH
3	Conditions, if ony, which gove rise to immediate	DUE TO, OR AS A CONSEQUENCE OF ACUTE	MYOCARDIA	L INFAR	ction	3-7	days 78
	couse to stating the underlying couse lost	DUE TO, OR AS A CONSEQUENCE OF					
TION		nditions <u>contributing to death</u> but					
CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION		200 AUTOPSY? YES NO	20b IF YES, WE IN CERTIFYING YES	G CAUSES C	GS USED DE DEATH? NO
AL	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF GEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 18 PART 1	OR PART 2)	
MEDIC	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT MOME STREET FACTORY OFFICE FARM ETC.)	21). LOCATION STREET	CITY OR TO		COUNIY	STATE
-	220.1 certify that (1) (this haspital) saw the deceased alive an		d that in (my) (our) opinion d	eoth occurred on the de	19_ ate and hour one	from the co	not (1) (we) last

TO FUNERAL DIRECTOR: After should be detoched far u IMPORTANT: If Item 21 DEGREE 22c. DATE SIGNED ATTENDING PHYSICIAN MEDICAL STAFF 22e ADDRESS

LIM 9057 230 BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL

MAR. 31,1982

OF BALTIMONE HOSP17AL

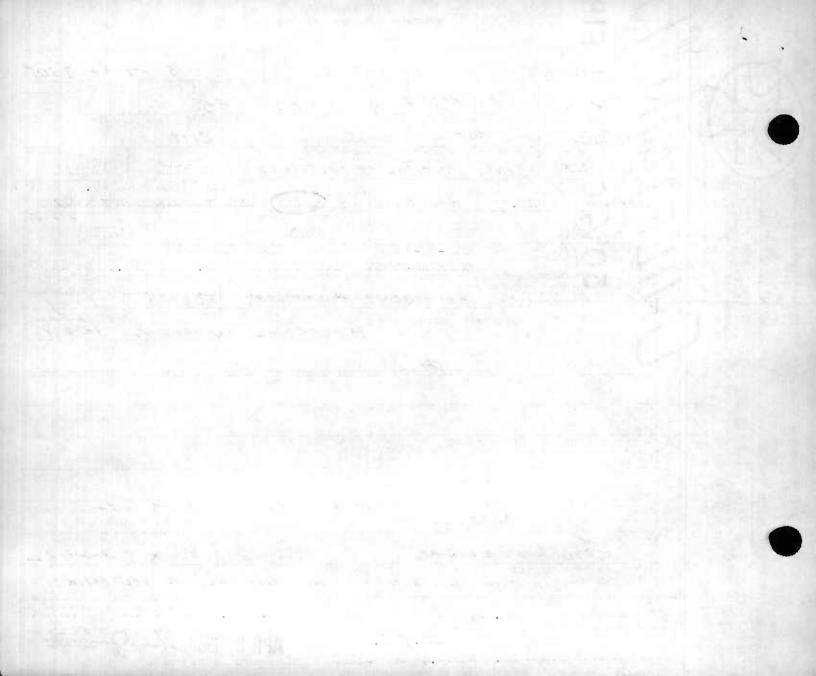
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SOCITY OR TOW BALTIMORE DUNTY

MARYLAND

24 FUNERAL DIRECTOR DHMH - 16 50M 1/B1 (VRA 15, 4)

SOL LEVINSON & BROS., INC. 6010 REISTERSTOWN RD BALTO



STATE OF MARYLAND

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

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WE CHILL FOR HOLE ADOTH BUE.

STATE OF MARYLAND DI

or are or manifestation									
EPARTMENT OF HEALTH AND MENTAL	HYGIENE								
CERTIFICATE OF DEATH									

REG. NO.	

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		REGISTRAR			CEKIII	ICATE OF	DEATH		REG	NO.			
н		CEASED NAME FIRST		MIDDLE	L	AST		2a. DAT	E OF DEATH	-	DAY	YEAR	2b HOUR
	LIABE	Mami	M.		Ferg	nson				3	26	82	9:24am
	3 SE		4 RACE		5 DATE C			6 AGE	(IN YEARS LAST	BIRTHDAY)		UNDERTYEAR	7 0 10 101111
		Female	В	lack	MONTH	100	1"5"		66	Y	/RS	NIHS DAYS	HOURS MIN.
1		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT, COUNTRY	? 8	NEVER	MARRIED -	9 BALTI	MORE CITY	OR COL	JOYTH OF	FDEATH	
TX		Fla.	S 150	USA	WIDOWE		NORCED	В	alti	more	Ci	ty	MD.
1	10 CI	ITY OR TOWN OF DEATH		HOSPITAL, NURS	ING HOME C	R OTHER INS		12a USU	JAL OCCUP.	ATION		126 KIND C	OF BUSINESS OR
10		Baltimore	ital	tal TYPE OF WORK FOR MOST OF WORKING LIFE)					INDUSTRY				
3	13a. S	AL RESIDENCE (IF NURSING HOME O STATE MD		Ball Ein		136 INSIDE (NO [13e STRI	43 C	s arri	.age	Ct.	
	14 FA	ATHER'S NAME			Maria de la companya della companya	15 MOTHER	S MAIDEN NA						
H	James Stubbs					Ge	orgian	nna	MIDDLE			LAS	ŚT
1		VAS DECEASED EVER IN U.S. AF		16b. SOCIAL SEC	URITY NO	17. INFORMA			ADI	DRESS			
		YES, NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES)	N/A	A	Berth	a Hew:	itt	5377	Car	ria	ge C	t
	CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost PART 2 OTHER SIGNIFICANT	(c)CONDITIONS C	R AS A CONSEON	UENCE OF				EASE OR CO	20b. I	IF YES, W	VERE FINDIN	NGS USED
d	RTIF					YES NO PO YES T						NO [
9		210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE	MIII	of injury M. Month [M.	DAY YEAR	21c. HOW IN	1JURY OCCUR	RED (ENTE	ER NATURE OF I	VIURY IN ITE	M 18 PART	1 OR PART 2)	
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY REET, FACTORY, OFFICE	FARM ETC)	211. LOCATI STREE		9	CITY OF	RTOWN		COUNTY	STATE
ł		22a. I certify that (I) (this hosp sow the deceased alive ar above, (I) (we) (did) (did no	3/2	6 19	1- 1	od that in (my	, 19 8 9 (our) opinion	death acc	urred on the	26 date on	, 19. d hour or		that (I) (we) last
		226. SIGNATURE L			MEDIC DIRECT	AL S	TAFF SICIAN [3/c	27/82			
		PE NEA	LUPAN	541		22e ADDRES	SS						
	23a P	BURIAL, CREMATION, REMOVAL	23b DATE	1234	NAME OF C	EMETERY OR	CREMATORY	234 14	OCATION				
	- 1	Burial	4/3/			nore C		100	Balti			OUNTY	MD

DHMH - 16 50M 1/81 (VRA 15, 4)

TO FUNERAL DIRECTOR: After

IMPORTANT: If Item 21 is

24 FUNERAL DIRECTOR
Wm. C. March F/H 1101 E. North Ave. Baltimore

250 DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

Washington

M 5	FOR STATE REGISTI
	I. DECEASED N

ond completely filled in by the funeral director, printed by and 2 should be filed within 72 hours offer the

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and cor should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT; If Item 21 is marked or Item 18 shows any injury, or other traumatic event, th

STATE OF MARYLAND

0	1.	FOR STATE REGISTRAR			DEPA		ICATE OF DE		IENE O Z	(, 0	0 3 0	
	I. DE	CEASED NAME	FIRST		MIDDLE		AST		REG. No		OAY YEAR		
		NICHOI		V		FERRA			MARCH] 3			26 HOUR 2:00p1	
	3 SE	X		4. RACE		5. DATE C	OF BIRTH	- 1111	6 AGE (IN YEARS LAST BIR	(HDAY)	IF UNDER 1 YEA	AR IF UNDER 24 HRS	
		M		W		MONTH		YEAR	//		MONTHS DAT	S HOURS MIN.	
	. 2a. B	IRTHPLACE (STATE OR	FOREIGN		WHAT COUNT		31st. 19	915	66 Vrs.	YRS	VOEDEATH		
> <		COUNTRY				MARRIE	NEVER M		_	K CO0141	OFDEATH		
	Wh. C	Md. ITY OR TOWN OF DEA	A 7.1.1	U.S.A.		WIDOWE		ORCED	City			MD.	
1	10.0	IIT OR TOWN OF DEA	AIH		HOSPITAL, NUF THEACILITY, GIVE ST		OR OTHER INSTIT	IUTION	12a. USUAL OCCUPATI		12b. KIND IFE) INDUSTR	OF BUSINESS OR	
السا		Balto.		Chi	rch Hor	ne Hos.			Maritime		Ship		
-	USU.	AL RESIDENCE (IF NURS	13b. COUN	OTHER INSTITUTION	GIVE RESIDENCE SE		1 13d. INSIDE CIT	V LIANTED 1	13e STREET ADDRESS				
5		Md.	Balto		Balto	OWIN			253 S. Cen	7	Λ		
	14. FA	THER'S NAME					15 MOTHER'S	MAIDEN NAM	AE Cen	ral	ave		
36		FIRST		MIDDLE	LAST			RST	MIDDLE			LAST	
-	16n V	Demin:		erracci	166 SOCIAL SI	ECHBITYAIO	Mar 17 INFORMAN	y Gige	r ADDRE	cc			
1		YES NO OR UNKNOWN)		E WAR OR DATES)	100 SOCIAL SI	ecoriii No.	17 INFORMAN	1	ADDRE	55			
		Yes	W.W.	11	219/03/	5506	Mrs. Ev	a Ferr	acci 253 S.	Hig	h St.		
		18 CAUSE OF DEAT	H (Enter on	ly one couse per	line for (o), (b)	, and (c)						DXIMATE INTERVAL IN ONSET AND DEATH	
		PART I. DEATH W		E CAUSE (o)	CARDIO	PULMON	ARY AR	REST					
	133	1100	MINIEDIAI										
		Conditions, if ony,	Line	DUE TO, O	R AS A CONSE	CANCE	P						
		gove rise to imr	mediote	(p)_	поио	CATIVOL	17						
		couse (o), statin underlying couse		DUE TO, O	R AS A CONSE	OUENCE OF							
				(c)									
	7	PART 2 OTHER SIGN	VIFICANT	ONDITIONS CO	ONTRIBUTING	TO DEATH BUT	NOT RELATED T	O THE TERMIN	NAL DISEASE OR CONE	ITION GIV	VEN IN PART	110	
	CERTIFICATION												
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o	TIFI								YES TI NOT		ES T	ES OF DEATH?	
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	DIC	(IF EITHER NOTIFY MEON		21e PLACE		19	211. LOCATION	J					
	MEDI			(AT HOME, STE	REET, FACTORY, OFFI	CE, FARM, ETC)	STREET		CITY OR TO	WN	COUNTY	STATE	
		AT WORK AT WO	RK										
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	:07	sow the decease above, (I) (we) (a	ed alive and	VANARCI	ofter death			ur) opinion de	eoth occurred on the do	te and hou	ur and from th	ne couses stated	
		226. SIGNATURE	/	0//-	A COM.	MD	DEGREE				22c. DA	TE SIGNED	
		4	.1/.	Nos	100	mo	ATT	TENDING	MEDICAL STAF				
1		22d. PHYSICIAN'S NA	AME (TYPE O	R PRINT)	740-		22e ADDRESS		DIRECTOR PHYSIC				
	- 1	E.V. PL							RCH HOSME			VD 03073	
1				MD.			<u>]]00 N.</u>		DWAY BA	LTIM	IORE,	MD;2]23]	
	23a. B	URIAL, CREMATION,	REMOVAL	136. DATE	2:	I NAME OF C	METERY OR CR	EMATORY	23d LOCATION		COUNTY	STATE	
		SPECIFY BUT 14]	Mari	3/15/8	1	vestview	Canton	sville	Balto. Md.		COUNTY	STATE	
	74 FL	KIERAL DIRECTOR		- 49				Tot	PE 010 PU 000 000		- 15	- AAA	

DHMH - 16 50M 1/B1 (VRA 15, 4)

O HOSPITAL OR ATTENDING PHYSICIAN: The low etoined by the hospital or attending physicion.

322 ASASS HIGH ST.

MAR 15 1982 Torres Jan Kathen

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. FIRST Ben jamin 2ª DATE OF DEATH MONTH I DECEASED NAME Joseph Ferrone (TYPE OR PRINT) 3 SEX 4 RACE 5 DATE OF BIRTH A AGE (IN YEARS LAST BIRTHDAY) 8 13 Te. BIRTHPLACE ISTATE OR FOREIGN 7h. CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** COUNTRY New York MARRIED NEVER MARRIED ALTUNIO WIDOWED DIVORCED IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY YMAN PARK HOSAL U.S. ARMY JUSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13e STATE 13 COUNTY 13e STREET ADDRESS 113c CITY OR TOWN 13d INSIDE CITY LIMITS? OU ELBON 303 BAUGRE YES M NO [14 FATHER'S NAME PERSANGELO 15 MOTHER'S MAIDEN NAME ***Bridget MIDDLE MIDDLE 30 ADDRESS 14a WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 166 SOCIAL SECURITY NO LIF YES, GIVE WAR OR DATES 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE 10 DUE TO OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? PETLIBRIE NO Hygi 18 21a, ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM, 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH ntal (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M MEDIC 21e PLACE OF INJURY 21L LOCATION 214 INJURY OCCURRED (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN AT WORK NOT WHILE 22a | certify that (1) (this haspital) attended the deceased fram. saw the deceased alive an_ and that in (my) (aur) apinion death occurred on the date and hour and from the causes stated DEGREE

TO FUNERA should be det with the Stat

DHMH-16 25M (VRA 15, 4) 1/79

Burial Mar. 27.1982 14 FUNERAL DIRECTOR K. McComas III

consers

236 DATE

274 HYSICIAN'S NAME (TYPE DEPENT)

23a. BURIAL, CREMATION, REMOVAL

231 NAME OF CEMETERY OR CREMATORY Arlington National

Abingdon, Md.

22e ADDRESS &

ATTENDING

PHYSICIAN

23d. LOCATION CITY OR TOWN Arlington - Arlington -

MEDICAL

STATE

22c DATE SIGNED

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

STAFF DIRECTOR | PHYSICIAN DAY

YEAR

Drive

IF UNDER 1 YEAR DAYS

2h. HOUR

12h KIND OF BUSINESS OR

APPROXIMATE INTERVAL

NO F

STATE

COUNTY

120 Stacktock 5 4 2 / 4 2 / 4 2 / 4 THE PARTY OF THOMAS AND SOUTH TO SEE LANGERTON (1) August - Morena Property - Morenal La THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY. TOTAL THUS TO A TOTAL X SALVIAS UATED TO THE STATE OF THE SALVEST OF THE Taller and the contraction of th AND THE RESIDENCE OF THE PARTY OF THE PARTY

5		FÓR STATE REGISTRAR		STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 2 U 6 5 2 CERTIFICATE OF DEATH REG. NO.							
	(TYPE	CEASED NAME VERNI	V	Fi	FICK	20. DATE OF DEATH MONTH	5-82 4 A.M				
	3 SEX	MALE	White	5. DATE 2 MONTH	EBIRTH 5 1900	96. AGE (IN YEARS LAST BIRTHDAY) 72 YRS.	IF UNDER LYEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.				
5	(Md.		MARRIE WIDOWE		Baltimore 120 USUAL OCCUPATION	City MD				
7	USU/	Baltimore AL RESIDENCE (IF NURSE)	(IF NOT IN SUCH FACILITY, GIVE THER INSTITUTION, GIVE RESIDENT 13c. CITY O	+ HO.		Printer	Label Co.				
5		Md .		timore	13d INSIDE CITY LIMITS? YES TO O		cerfield Ave.				
20	14- 14	Charles VAS DECEASED EVER IN U.S. ARM		ick	Mary 17 INFORMANT	ADDRESS	Streett				
/			WAR OR DATES!	09 - 9666	Evelyn Gr		same address				
	7 / 5 5 1 1 /	18. CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE Conditions, if any, which gove rise to immediate cause 101, stating the underlying cause lost	DUE TO, OR AS A CON: (b) DUE TO, OR AS A CON: (c)	SEQUENCE OF	Out all C	a g lug	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
2	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR W	1537		200 AUTOPSY? 20b. IF YI	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?				
9	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	H DAY YEAR		RED (ENTER NATURE OF INJURY IN ITEM 18	PART 1 OR PART 2}				
· ·	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e, PLACE OF INJURY (AT HOME, STREET, FACTORY, C	OFFICE, FARM, ETC }	21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE				
N.		220.1 certify that (1) (this haspital saw the deceased alive on abave, (1) (we) did) (did nat)	3/15	19 8 2 , or		death accurred on the date and ha					
	1	226. SIGNATURE	ng (9	7		MEDICAL STAFF DIRECTOR PHYSICIAN	224 DATE SIGNED				
		22d. PHYSICIAN'S NAME (TYP)	H		MERCU	1 Hosp					
	23a. B	Burial, CREMATION, REMOVAL	3/17/82	Palti	emetery or crematory	Balto.	Md.				

Baltimore

DHMH - 16 50M 1/B1 (VRA 15, 4)

IMPORTANT: If them 21 is marked or them 18 shows ony

3331 Brehms Lane, Balto. Md.

Balto.

MAN SERVICE SERVICE SAM

	1	FOR - STATE REGISTRAR	D	EPARTMENT OF I	E OF MARYLAND HEALTH AND MENTAL HY FICATE OF DEATH	GIENE 8 2	060	5 3
		CEASED NAME FIRST	WIDDLE		LAST	20 DATE OF DEATH	MONTH DAY YEAR	26 HOUR
th th	{179	Mar Mar	ie n. F	ink		3-10-82	MILE	1"10 H.
6 (20)	3. SE		4 RACE	5. DATE		6 AGE (IN YEARS LAST BIT		
3 (M)		Female	White	MONT	1-5-19/1	7/	YRS PAIS	HOURS MIN.
0 0 TO TO	Za B	IRTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WHAT CO	UNTRY? 8	D A NEVER MARRIED		OR COUNTY OF DEATH	
Seoth.		Balto. Md.	U.S.A.	WIDOW		Baltim	ore lity	MD
he fu	10 0	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL,		OR OTHER INSTITUTION	12a USUAL OCCUPAT		OF BUSINESS OR
E S S S S S S S S S S S S S S S S S S S		Baltimore	6110 Alta			C	rator Dale	o Mg. (o
212 d in	USU 13a.	AL RESIDENCE (IF NURSING HOME OF	OR OTHER INSTITUTION GIVE RESIDEN		113d INSIDECITY LIMITS?	13e STREET ADDRESS	action.	
AND 24 h		Md.	Balt		YES NO		Alta Avenue-	2/206
within within d 2 st	14. F.	ATHER'S NAME	WIDDLE	LAST	15. MOTHER'S MAIDEN NA		The street of	21200
A 5 19 19 200		Felix Vo	33		Anna	WIDDLE		151
BALTIMORE, MARYLAND cote be executed within 24 systicon and completely fille, spers. Pages 1 and 2 should vol. 1, the medical examiner mys		WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCI	AL SECURITY NO.	17 INFORMANT	ADDR	ESS	
IMO n ond . Page		16	212-	07-6400	Henny J. Fin	ab - 6110 A	Lta Ave-2120	6
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., DIVISION OF WITAL RECORDS, 201 W. PRESTON ST., OTHER DIVISION. The low requires that the deoth certificate has been signed by the attending phystren that the beneficate has been signed by the attending phystren that the benefication of the ord Mental Hygiene prior to burial, cremation, or remonded or them 18 shows any injury, or other traumatic even orked or them 18 shows any injury, or other traumatic even	7	Conditions, if ony, which gove rise to immediate couse iol, stoting the underlying couse lost. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CO	nseouence of	Carcinoma NOT RELATED TO THE TERM	MINAL DISEASE OR CON	regremary	XIMATE INTERVAL N ONSET AND DEATH
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AL OR the house the bound of the house the properties of the prope		77b. SIGNATURE	Konaleur	li uo	DEGREE ATTENDING PHYSICIAN (MEDICAL STA		il-82
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TO HOSi retoined TO FUN should b	0.2	M.C. KOWA	- LB MSK1			ARFORD	RU	
74 BP		BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	3-13-82	Parkwo	emetery or crematory	23d. LOCATION CITY OF TOWN Batto.	Nd. COUNTY	STATE
DHMH - 16 50M 1/B1 (VRA 15, 4)	1	ohn . Miller	Inc-6415 Belâ		25a. DA	R 12 1982	Name James	Var Clan

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STATE OF MARYLAND

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DHMH - 16 50M 1/B1 (VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

- STATE REGISTRAR REG. NO. DECEASED NAME IN DATE OF DEATH Th. HOUR TYPE CHEMEN ROSE FISHER MARCH 11, 1982 6:00A FUNCTION THAT 4. AGE. LIN YEARS LAST BIRTHDAY BALTIMORE CITY OR COUNTY OF DEATH-DIVORCED OWN OF DEATH ITA COUNTY OHEDDAY. WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO AC OF LINENCYMES I WYST, GWY WAS DEDATED II CAUSE OF DEATH 'Enter only one couve per line for 191, (b), and 121 PART I DEATH WAS CAUSED BY CARDIAC ARREST IMMEDIATE CAUSE OUT DUE TO: OR AS A CONSEQUENCE OF CEREBROVASCULAR ACCIDENT gave rise to immediate course (a), stating the DUE TO OR AS A CONSEQUENCE OF underlying couse last PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOM YES [NO F 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 214 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STREET STATE NOT WHILE 220.1 certify that (1) this harmine attended the deceased from saw the deceased alive an MARCH II, 19 abave, (1) well did (did not) view the bady after death.

opinion death occurred an the date and haur and from the couses stated

22c. DATE SIGNED

22d. PHYSICIAN'S NAME (TYPE OF PRINT) V. SIVAN, M.D.

226. SIGNATUR

V. SIVAN M.D

23b. DATE

22e. ADDRESS

DEGREE

BROADWAY

DIRECTOR PHYSICIAN

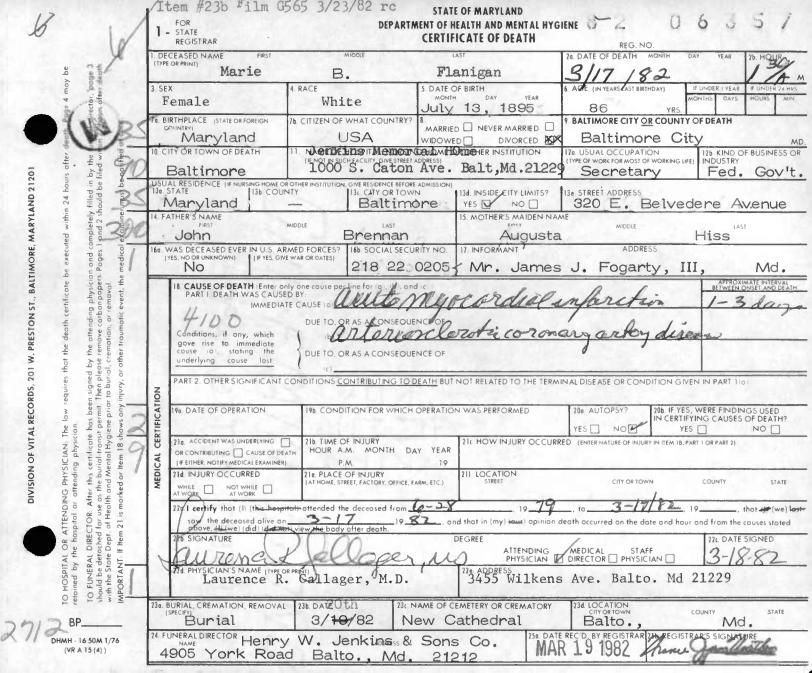
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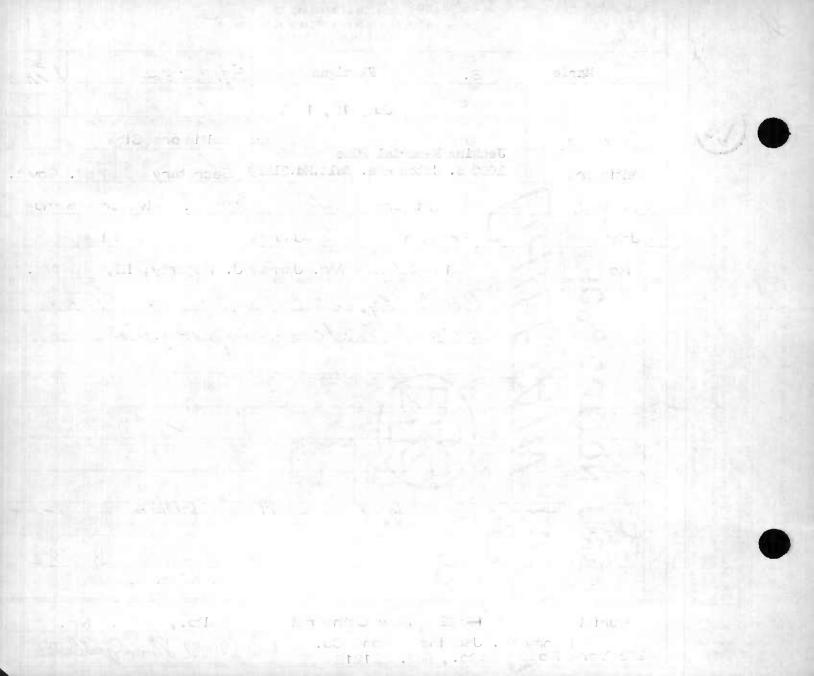
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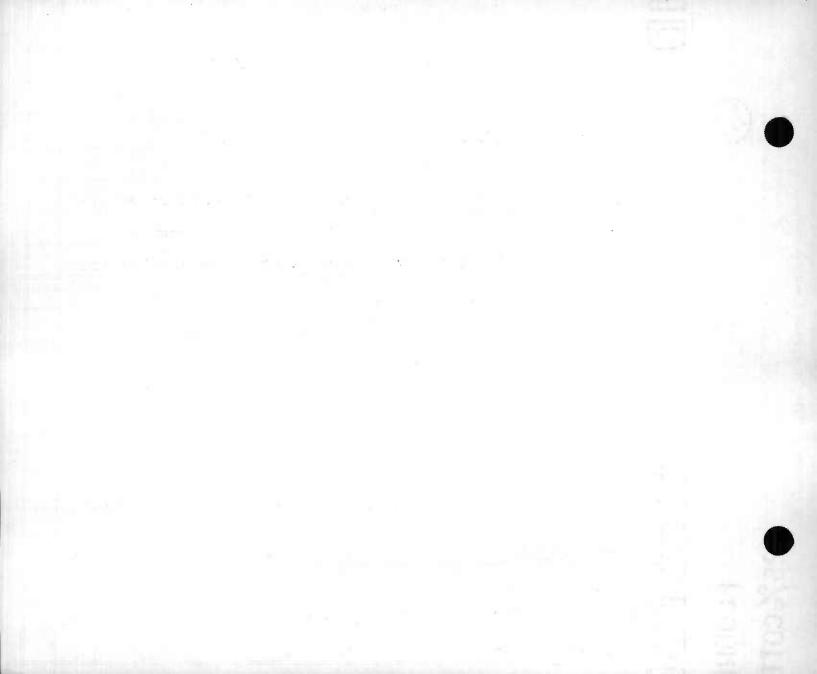
1/2	1	FOR - STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE & 2 0 5 5 5 CERTIFICATE OF DEATH REG. NO.							
2 T X		CEASED NAME FIRST	NON	MIDDLE		AST	20. DA	TE OF DEATH MO		YEAR 26 HOUR
e 4 moy b	3 SE		4 RACE	hite	5. DATE O	TTCH OF BIRTH 25, DAY 1911	R	IN YEARS LAST BIRTHD		11:50P M I YEAR IF UNDER 24 HRS DAYS HOURS MIN.
Pogh. Pag	7a. B	IRTHPLACE ISTATE OR FOREIGN COUNTRY) Maruland	76 CITIZEN OF	WHAT COUNTRY	MARRIE	NEVER MARRIE	9 BALT	TIMORE CITY OR C	OUNTY OF DEA	ATH
rs ofter d	1	Baltimore	VETERANS ADMINISTRATION MEDICAL CENTER						KIND OF BUSINESS OR USIRY	
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ompletely		James	MIDDLE	Fitch		IS MOTHER'S MAIDE		WIDDIE	Groz	LAST
on and co		VAS DECEASED EVER IN U.S. YES, NO OR UNKNOWN) (IF YES	ARMED FORCES? GIVE WAR OR DATES)	218-14-		Mr. Frank	1.Fitch	ADDRESS	Tross St	Balto Md.
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L OR ATTENDING the hospital are L DIRECTOR: Afte stoched for use as e Dept. of Health : if frem 21 is morth	(22a. I certify that XI (this has been supported by the deceaded olive by (the book) (the	ospitol) ottended the on MARCH	ne deceosed from 19 votte 14th	<u>0Z</u> , on	d that in (1964) (our) op	imon death acc	CAL STARS	22c.	
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DHMH - 16 50M 1/81 (VRA 15, 4)		ully Funeral	Home, 130	E. Fort A	lve.Ba	to.Md.	MAR 1	BY REGISTRAR 256	REGISTRAP'S SIG	In Wather

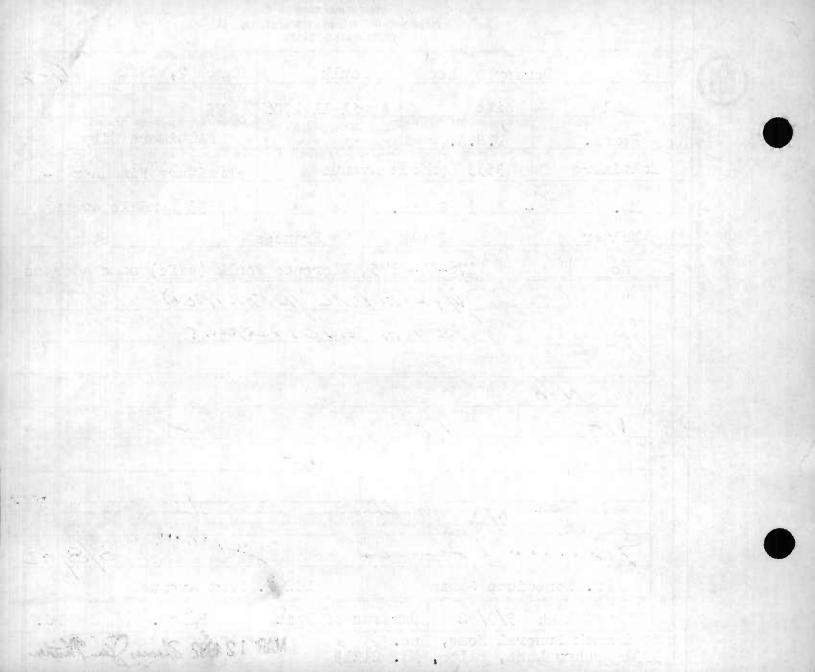
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4	L	FOR - STATE	DEPARTMENT OF HEALTH AND MENTAL HYGIENE	2 0 6 0 5 6
	1	REGISTRAR	CERTIFICATE OF DEATH	
CAN CHEST	1. DE	CEASED NAME FIRST	MIDDLE LAST 2g, DATE OF DE	REG. NO.
9 m #		E OR PRINT)	a. bate of ba	BATH MONTH DAY YEAR 26 HOUR
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i di j	3 SE	X 4.1	RACE 5 DATE OF BIRTH 6. AGE (INYEAR	
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FINE SE	7a. B		CITIZEN OF WHAT COUNTRY? 8 9 BALTIMORE	CITY OR COUNTY OF DEATH
THE BEST STO		COUNTRY	MARRIED NEVER MARRIED PA	C.T.
1 1	10 C	ITY OR TOWN OF DEATH 11.	NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OC	CUPATION 126, KIND OF BUSINESS OR
	1	211111	(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) / (TYPE OF WORK FO	OR MOST OF WORKING LIFE) INDUSTRY
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d in d be	130.	AL RESIDENCE (IF NURSING HOME OR OTH STATE 1136 COUNTY	HER INSTITUTION GIVE RESIDENCE BEFORE AGMISSION) 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADI	DPESS
in 24 h	1	MA	BALTIMORE YES D NO 1 2359	FAULT FST
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	160.	VAS DECEASED EVER IN U.S. ARME	D FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT	ADDRESS
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S. Po		NO	1241.30-3294 Alice HEMING 2	SSI W. TAYEHE ST
4 - e c e		18 CAUSE OF DEATH (Enter only of	one couse per line for (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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or hend		1007	DUE TO, OR AS A CONSEQUENCE OF	11 0
the de the or removementic		Conditions, if any, which gove rise to immediate	(b) Carring 1 (30) 169	W5
y the		cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUENCE OF	
			(c)	
and	-	PART 2. OTHER SIGNIFICANT CON	nditions <u>contributing to death</u> but not related to the terminal disease o	R CONDITION GIVEN IN PART 110
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0 0 0 E		22a I certify that (I) (this hospital),	attention the deceased from	19 8 (hot (l) (we) lost
OR ATTENION TO DIRECTOR. DIRECTOR. Dobbt. of He		sow the deceased alive on above, (if (we (did) (did not) vi	19 ond that in (my) (our) opinion death occurred o	n he date and hour and from the causes stated
OR A or hosported by them		22b. SIGNATURE	DEGREE	22c. DATE SIGNED 1
		1 Mh	ATTENDING MEDICAL	STAFF/ 3 21 /D
- 0 111 010 4	-	22d. PHYSICIAN'S NAME (TYPE OR P)	PHYSICIAN DIRECTOR	PHYSICIAN S CA S C
HOSPITA med by FUNERA buld be de th the Stot		22d. PHY SIETAN'S INAMEDITYPE OR PH	21e ADDRESS	
TO HOSPITAL TO FUNERAL should be det with the Stork		magn o	Milline	
\(\text{5} \) \(\text{5} \) \(\text{7} \) \	23o. l		236. DATE 236. NAME OF CEMETERY OR CREMATORY 23d LOCATIO)N
00 BP		Rumal	3/210/82 Cedior Hill CEM GLEN	
DHMH - 16 50M 1/81	24 F	JNERAL DIRECTOR	250. DATE REC'D. BY REG	BURNIE ALLES
OHMH - 16 50M 1/81 (VRA 15, 4)	D.	NAME	F. H. 1913 W. Balto St. MAR 24 19	22 Cancer Jan latter
	77	20WN-Thompsen	FIMI 1913 MIDA 140: 741 MAY 5 12	JE VIAMOND





DHMH - 16 50M 1/B1 (VRA 15, 4)

STATE OF MARYLAND

8	1 - FOR STATE REGISTRAR DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH											
		CEASED NAME FIRST	MID	DLE	ī.	AST	20 DATE OF DEATH		DAY YEAR	2b HOUR		
1	TITPE	BENJ	AMIN I	Earl	FOWL	.ER	MARCH 25	1982		8:40A _M		
K	3. SE.		4 RACE		5. DATE C		6 AGE (IN YEARS LAST BIR	THDAY)	IF UNDER I YEAR	IF UNDER 24 HRS		
M		Mle	Whi	te	MONTH	5-9-1904 YEAR	77	YRS	MONTHS DAYS	HOURS MIN		
1	la Bi	RTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WH	HAT COUNTRY?	8.	NEVER MARRIED	9 BALTIMORE CITY	11101	OF DEATH			
		Calvert (o.	U.S.A.		WIDOWE		Baltimor	e Citi	,	MD		
3	10 C	Baltimore	1. NAME OF HOSPITAL, NURSING HOME (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)		DDRESS) .	ROTHER INSTITUTION	120. USUAL OCCUPATION OF WORK FOR MOST OF WORK FOR MOST OF	E) INDUSTRY	F BUSINESS OR			
0	USU.	AL RESIDENCE (IF NUR. 19 HOME OR	OTHER INSTITUTION GIV	E RESIDENCE BEFORE	ADMISSION)			12.17	1 Ket	ired		
3	_	M. Bal	60.	Balto.	N	YES NOXX		avanna	h Rd	21221		
1	14 FA	ATHER'S NAME	MIDDYS	LAST		15. MOTHER'S MAIDEN NAM	MIDDLE		LASI	1		
9		Benjamin F.				Alice Co						
7		VAS DECEASED EVER IN U.S. ARI	E WAR OR DATES!	SOCIAL SECUI		17. INFORMANT	ADDRE	SS				
3	7			578-07-4		Doris (. Gegr	er - 319A	avann	ah Rd.	- 21221		
8	2	18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE)		e for (a), (b), and RCINOMA		NG WITH METAS	ZIZAT		BETWEEN	MATE INTERVAL ONSET AND DEATH		
-		11 h G IMMEDIAT	E CAUSE (a)	JSE (a) CARGINGIA OF EGING WITH PIETASTASTS								
5	DUE TO, OR AS A CONSEQUENCE OF											
1	Conditions, if any, which gave rise to immediate couse (a), stating the											
4		cause (a), stating the underlying cause last.		S A CONSEQUE	NCE OF				115.1			
		PART 2 OTHER SIGNIFICANT C	ONDITIONS CON	TRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE OR CON	DITION GIVE	N IN PART NO			
15	ON		CHI	RONIC OB	STRUC	TIVE PULMONAR	Y DISEASE					
-	CERTIFICATION	190 DATE OF OPERATION	196 CONDITIO	CONDITION FOR WHICH OPERATION WAS PERFORMED			200 AUTOPSY? 206 IF YES, WERE FINDINGS USED					
OK	RTIF						YES NO NO ENTIFYING CAUSES OF DEA					
9		210. ACCIDENT WAS UNDERLYING CAUSE OF DEA	HOUR A.M.	MONTH DA	Y YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUI	Y IN ITEM IB PA	ART 1 OR PART 2)	/-		
1	ICAI	(IF EITHER NOTIEY MEDICAL EXAMINER)	P.M.		19			Alla				
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE	21e PLACE OF (AT HOME STREET.	INJURY FACTORY, OFFICE, FA	RM, ETC)	211. LOCATION STREET	CITY OR TO	WN	COUNTY	STATE		
		AT WORK AT WORK			MADOL	16 00	MADELL	11	- 00			
		220. I certify that (1) this haspit			MARCE 32	d that in (my) (our) ppinion d		25		hat (I (we) last		
29		sow the deceased alive on	view the body off	er death.		DEGREE	eoin occurred on the do	ore and nour				
		(MI	NY	MIL	- 1	ATTENDING	MEDICAL STAP	F IAN X	3 - S	25-83		
,		22d. PHYSICIA	PRINT	MAN	A	22e ADDRESS CHURCH			ATION			
1		A	+	NUU	X	100 N. BROAD	WAY, KAX B	ALTIMO	RE, MD	21231		
	230 B	URIAL, CREMATION, REMOVAL	236 DATE			METERY OR CREMATORY	23d. LOCATION		COUNTY	STATE		
		Burial	3-27-8	32 N	prela	nd Nemorial BO DATE	Baldo	Not				
	- 100	ohn Miller 1	(1.15 () /ADDRESS	1 0	250 DATE	REC'D. BY REGISTRAR	158 REGISTE	RAP'S SIGNATI	縣/		
	8	ohn C. Miller 1	nc-0415 E	selain R	d21	206 111	R 3 1 1982	Finence	alan	1 wither		

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 20. DATE OF DEATH MONTH 26 HOUR Fowler 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR YEAR 82 89 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED USA DALTIMOTE DIVORCED WIDOWED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION INDUSTRY Baltimore City Hospitals Bus Company Driver SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSI SALTIMORE 4201 1/2 E. Lombard YES Y NO 15 MOTHER'S MAIDEN NAME Francis P. Fowler Margaret McGuffin 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT (IF YES, GIVE WAR OR DATES) Marion F. Fowler, Son 212 Cove Rd. 2122] 213-05-3399 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Trachestons

18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and ic PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Canditions, if any, which gave rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED

710. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M

Ernest

13b COUNTY

4 RACE

19 21e PLACE OF INJURY

3-16-82

AT HOME STREET, FACTORY, OFFICE, FARM, ETC)

211. LOCATION

CITY OF TOWN 03-16-83

NO

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

COUNTY

NO [

STATE

IN CERTIFYING CAUSES OF DEATH?

YES [

220.1 certify that (1) (this haspital obove. (1) (we) (did) (did not) view the bady after death. 77b. SIGNATURE

NOT WHILE

AT WORK

21d INJURY OCCURRED

AUSTRALE.

el - DPA

C Murwer My

ATTENDING PHYSICIAN 22e ADDRES

MEDICAL DIRECTOR PHYSICIAN

, and that in (m) (our) opinion death occurred on the date and hour and fram the couses stated

22c. DATE SIGNED 3-16-82

27d. PHY AN'S NAME (TYPE OF PRINT)

C. Menier 230. BURIAL CREMATION REMOVAL 23b DATE

Dattended the deceased fram 03-01-8

23c. NAME OF CEMETERY OR CREMATORY

DHMH - 16 50M 1/81

(VRA 15, 4)

FOR

- STATE

TYPE OR PRINT

3 SEX

REGISTRAR

MALE

BIRTHPLACE I STATE OR FOREIGN

BALTIMORE

Maryland

10. CITY OR TOWN OF DEATH

14 FATHER'S NAME

TYES NO OF HUKNOWN)

DECEASED NAME

Burial

Moreland Mem. Cem.

DEGREE

Baltimore, Maryland

Bruzdzinski Funeral Home PA 1407 Old Eastern Ave

refect I. Freeze 1-[1n-Inlinore Sity Losmith TO CHANGE TO SEE Tellers . - Francis n'est a specimen 193 on 1939 Filling P. Couler, Non . 128 Cover M. 1100 destruction operate and the real business and business The state of the s

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Vernon R. Bailey . 1348 N. Calhoun St.

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

Items 5 g566 4/26/82 g5

- STATE

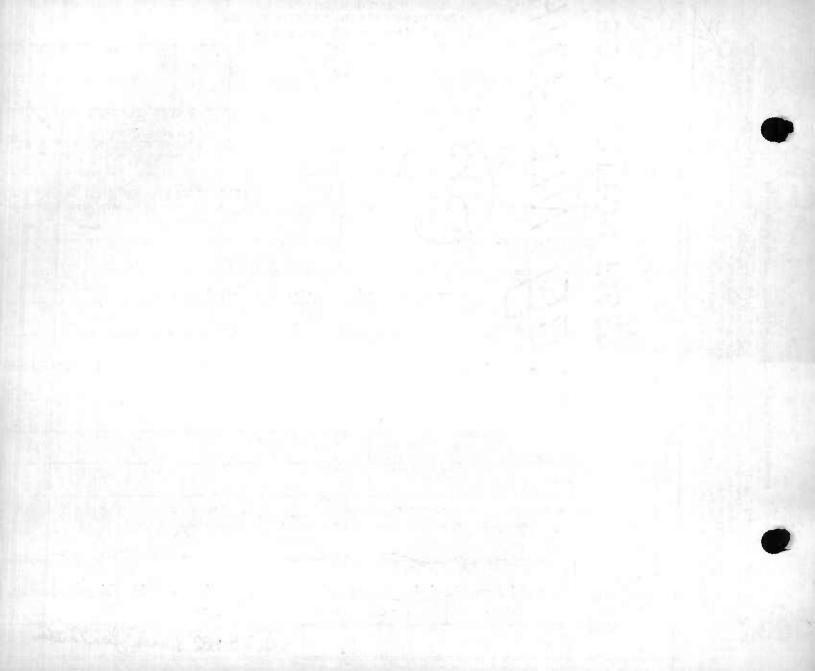
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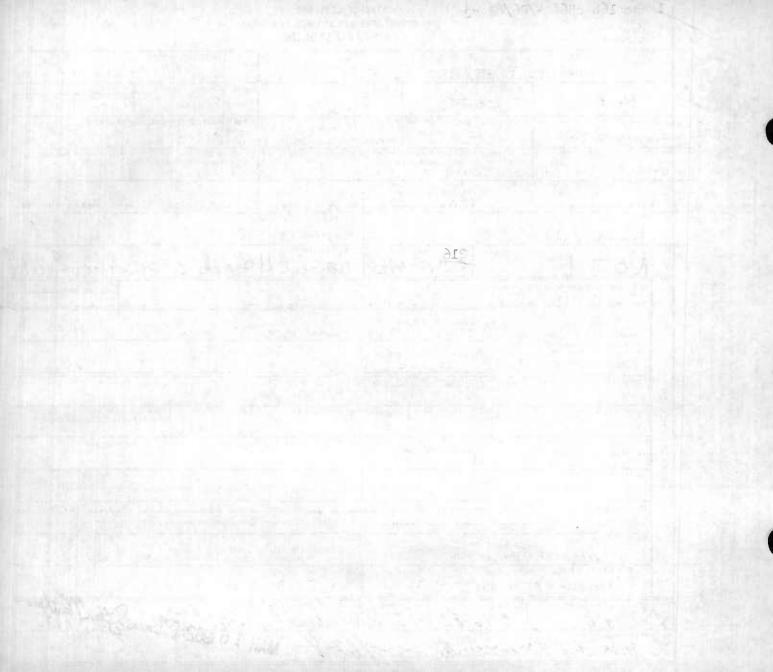
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME 20. DATE KNOWN 26 HOUR (TYPE OR PRINT) OF ESTI-SHADE FRANCIS DEATH MATED 3 1982 4. RACE 5. DATE OF BIRTH IF UNDER TYR. 6. AGE (IN YEARS IF UNDER 24 HRS 2c. DATE 2: 35 PRONOUNCED 29 8 14 67 82 DEAD male 19 negro To BIRTHPLACE (STATE OF 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED FOREIGN COUNTRY West Indies Baltimore City WIDOWED DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR INDUSTRY 3. RETAIL PA Baltimore Provident Hospital (DOA) USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13a STATE 13b. COUNTY 13d. INSIDE CITY LIMITS? 4918 GILRAY DRIVE MD NO T SIVE PAGES 1, 2, 7 TH FORM PM 3. AGES 1 AND, 2 SH ISION OFVITAL R 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE AMIDDI F GENTILE ALICE FRANCIS VENTARY Tée. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT PAGES 1 166. SOCIAL SECURITY NO **ADDRESS** DIVISION (YES, NO. OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) NO 424-30-5809 LUCILLE FRANCIS 4918 GILRAY RD. 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH MENTAL HYGIENE, PART I DEATH WAS CAUSED BY Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF BURIAL - TRANSIT gave rise to immediate OR DIVISION OF VITAL RECORDS, 201 W. cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIG FICATE, WRITING THE WORD, "PENDING E FORWARDED TO THE CHIEF MEDICA CTOR: PAGE 3 SHOULD BE USED AS A BL I THE STATE DEPARTMENT OF HEALTH AI LAND, 21201 PRIGR TO BURIAL, CREMA! CERTIFICATION 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES 🗌 NO X 21g EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (ATHOME. 21d. INJURY OCCURRED 211 LOCATION EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR; PAGE 3 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 DE AT WORK AT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY Inspection X 22a I certify that I took charge of the remains described above, held an Autapsy Natural causes X Hamicide death resulted fram: Accident Undetermined manner TITLE (SPECIFY) ACTUAL Assistant MEDICAL EXAMINER 3-11-82 5KGNATURE EXAMINER'S NAME Dixon, Penn St., Balto., Md. 21201 M.D. Ann M. (TYPE OR PRINT) 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY STATE 3/16/82 BURIAL BALTIMORE CEMETERY BALTIMORE MD 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNA **DHMH - 17** WM. C. MARCH F/H (VR A15 ME (5) WM 1101 E. NORTH ave. 15M2/80



,	LI	tems 16b g566 4	/26/82 gj	STATE OF MARYLAND		73 6 7 6
te	1	FOR STATE REGISTRAR	DEPARTI	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH		0000
		CEASED NAME FIRST	L F. FRANK	LAST	REG. NO	MONTH DAY YEAR 26 HOUR,
Page 4 may	3. SE	MAE	1 RACE WHITE	S. DATE OF BIRTH MONTH U/II/O/ YEAR	6 AGE IN YEARS LAST BIR	HDAY) IF UNDER 1 YEAR IF UNDER 24-
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quires that the death cer signed by the attending hen please remove carbo to buriol, cremation, ar re ijury, or ather traumatic e	Z	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUE (b) 1455/44 DUE TO, OR AS A CONSEQUE (c) 5745/4 CONDITIONS CONTRIBUTING TO I	PILHODARY ENE		Yes,
he faw re on. has been 7 permit. I ene prior	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH' YES NO
HYSICIAN: nding physicians certifica burial-tran I Mental Hy or Item 18	MEDICAL CEI	710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 71d. INJURY OCCURRED WHILE NOT WHILE	HOUR A.M. MONTH DA	19 211 LOCATION	RED (ENTER NATURE OF INJUR	
ATTENDING P naspital or after the RECTOR: After the ed for use as the pt. of Health and		22a. I certify that (1) (this hasp	n 19 at the body after death.	, and that in (my) (aur) apinian	to 2/13 death accurred on the do	, 19 (we te and have and from the causes state
O HOSPITAL OR A stained by the hospital DIRE Should be detached with the State Dept.		22d. PHYSICIAN'S NAME (TYPE	Tulerss ORPRINT) T KEELER M.D.	ATTENDING PHYSICIAN	MEDICAL STAF	IAN 1 4/3/82
TO HOSE should be with the with the MADORTA	23a.	BURIAL, CREMATION, REMOVAL		LAME OF SEMETERY OR CREMATORY T. Stanisland Ex	23d LOCAL	or Star Val
DHMH - 16 50M 1/81 (VRA 15, 4)	4	armend & A	OF MAL MIDRESS	25a. DA	TESECO 6 SOLAR	M NESISTRALIS SIGNATURE



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1/2	10 0	Baltinore	11. NAME OF HOSPITA JE NOT IN SUCH FACILITY, Si viau	GIVE STREET ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST	OF WORKING LIFE) INDUSTE	D OF BUSINESS OR
Bold be	35L 30	AL RESIDENCE (IF NURSING HOME OF STATE TO BE	OR OTHER INSTITUTION, GIVE RESIDINTY 13c. CITY	OR TOWN	13d. INSIDE CITY LIMITS?		211 vidale Ln.,	L33
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ond onge	-	YES NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATES)					
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cate has been signed by the consit permit. Then please ret Hygiene prior to burial, crem 18 shows any injury, or other	CERTIFICATION	gave rise ta immediate couse (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING	CONDITIONS CONTRIBU	R WHICH OPERATIO	NOT RELATED TO THE TER.	200 AUTOPSY?	206. IF YES, WERE FINE IN CERTIFYING CAUS	DINGS USED SES OF DEATH?
Secretificate burial-transit Mental Hygi ar Item 18 sh		OR CONTRIBUTING CAUSE OF DE	EATH HOUR A.M. MO		21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I OR PART 2	h
Mental Amental	MEDICAL	21d. INJURY OCCURRED	P.M. 21e PLACE OF INJUR	19	211 LOCATION	<u> </u>		
s the ond wed	WE	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTOR	RY OFFICE, FARM ETC)	STREET	CITY OR TO	OWN COUNTY	STATE
S. Africa		22a.1 certify that (1) (this hosp			19 6 1			that (1) (we) lost
10 to the state of		sow the deceased plive o	n Maich 21 at view the body after dea	19 82,0	nd that in (my) (our) apinior	death accurred on the d	ate and hour and from t	he couses stated
DIRECTOR sched for w Dept. of He f Item 21 is		22b. SIGNATURE	arr view the body offer ded	10.	DEGREE			TE SIGNED
- 6 + -		Cheryl wyle	+ Wilson		ATTENDING	MEDICAL STA	FF JANK 3	120 /87
FUNERAL Indid be detail the State ORTANT: If		22d. PHYSICIAN'S NAME TYPE	OR PRINT)		22e ADDRESS	_ June low _ I III 3K	in the contract of the contrac	100/02
should be de with the Stat		CHERYL WR		n M.D.	JOHOS H	lopkins Ho	spital	
2 4 / 2	23 a	BURIAL, CREMATION, REMOVA			EMETERY OR CREMATORY	23d LOCATION	entine	201400
	L	Burial	3/23/82	Woodla	m Cemetery	Woodlawn	Balta	on the
H-1650M1/B1 (VRA 15, 4)	24 F	uneral director Loring 28 Liberty Rd.	a Buers Fune	ral Direc	tors 250. DA	MAR 23 1982		my letter

INC. 4107 WILKENS AVE.

- STATE

(VRA 15, 4)

HUBBARD FUNERAL HOME.

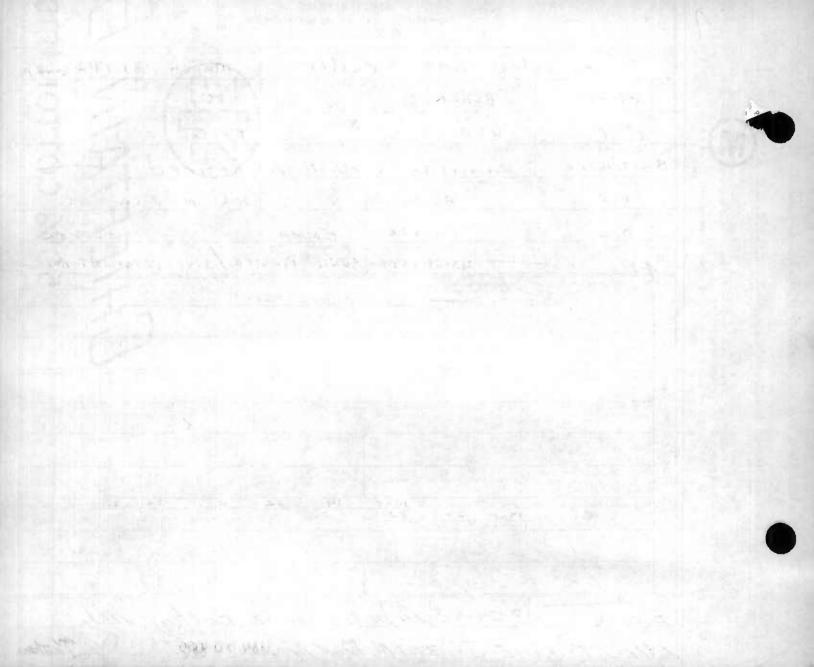
STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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RY, PLEA DIRECTO MARIE HEI NATIONAL STITE	Ma Ma	ale	4. RACE Black	2 3	29	AGE (IN YE	ARS IF UN	DER 1 YR.	IF UNDER Hours		Zc. DATE PRONOUNCE DEAD		MONTH 3	26 198	2d HOUR 2:53
INERAL DINERAL PRESIDENT	7a. BI	RTHPLACE (S	TATE OR	76. CITIZEN OF	WHAT COU	NTRY?	8. MARR WIDOW	IED X NEV	/ER MARRI	IED	Baltimor	t imore		Y OF DEATH	MD
DRE, MD, 21201 DEATH. IF ANY DELAY IS NECESSARY, PLEASE GES 1, 2, AND 3 TO THE FUNERAL DIRECTOR. RM PM.3. RETAIN PAGE 5 FOR YOUR THE FAUL 2 SHOULD BE FILED. WITHIN THOUSE OF VITAL RECORDS, 201 W. PRESTON STREET.		TY OR TOWN		11. NAME OF H	FACILITY GIVE	JRSING HOM STREET ADDRESS)			TION		AL OCCUPATION OST OF WORKIN	TION (TYPE O		26 KIND OF OR INDU	
21201 ANY DE AND 3 TRETAIN HOULD B		L RESIDENCE TATE MD	(IF IN NURSING HOME O	OR OTHER INSTITUTION	GIVE RESIDENCE		ION)	13d. INSIDE CIT	TY LIMITS?		et address 31 De		n St		
RE, MD. EATH. IF ES 1, 2, NND 2 SH F VITAL)	THER'S NAME FIRST Chive		MIDDLE Fr	onebe	LAST	Sr.	15. MOTHE	R'S MAIDE RST Verna	NAME	MIDD			ooks	
BALTIMORE. S. AFTER DEA' GIVE PAGES TITH FORM PI IVISION OF V	16a. V		D EVER IN U.S. AR		165 SO	-36-2	Y NO.	17. INFORM	TAAN		erger	ADDRESS 331			St.
· ≅ ~ ≥ o		18. CAUSE C	DF DEATH (Enter an EATH WAS CAUSE MMEDIA	D BY: TE CAUSE (a)	ine for (a), (t ndeter	o), and (c).) mined	P.I.			2)				APPROXI/	NATE INTERVAL NSET AND DEATH
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TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOLE EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 16 PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG Y TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL. TRANSIT FERMITER DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL. TRANSIT FERMITER DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL. TRANSIT FERMITER DIRECTOR: PAGE 1201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.		220. 1 certi death result ACTUAL SIGNATURE	ify that I taak charged fram: Natu	ge of the remains ral causes X.	Accident		Autap vicide	, Hamici		Undete	Inquiry Inquiry Inquired mann	ner	DATE	3-27	-82
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DHMH-17 (VR A15 ME (5)) 15M 2/80		NAME	. March	F/H ADDR		E. No	rth.		MAF	230	1002 2	Sacro	0	962	da



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ne de	12	gove rise to immediate)	//		TO THE REAL PROPERTY.		1/11/21/2		
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ow re	CERTIFICATION	190 DATE OF OPERATION	19h COND	ITION FOR WHICH	OPERATION WAS PERF	ORMED	20g AUTOPSY?	20b. IF YES, WE	ERE FINDING	C LICED
) E		and the same			O.I.M.E.O	,	IN CERTIFYING	G CAUSES OF	F DEATH?
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TTEN portal TOR. For us of He		saw the deceased alive or abave, (1) (we) (did) (did no	mar	24 19_		y) (aur) opinian a	death occurred on the do			
OR ATT be haspin DIRECT oched fo Dept. of them 2 if		22b SIGNATURE	of view the body	offer death.	DEGREE					_
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02	_	UNERAL DIRECTOR	0 00 1	000	rputus	11/6/2. 21	1) Dalle	10, 11	101	
DHMH - 16 50M 1/81	24 F			ADDRESS		250 DATE	REC'D. BY REGISTRAR	755 REGISTRAR	SIGNATUR	EA.
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ETRICAL VILLE ZX 0Z III IO A THE PROPERTY OF . See Boom E. Sackettel Last Known Last Many 20 1901 1c. Stational Lancing Company Language . Interest to the contract to the district . Brancal

	١.	FOR	DEP/	STATE OF MARYLAND ARTMENT OF HEALTH AND MENTAL HY	GIENE & 2	06374
h	1	STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
1	1 DE	CEASED NAME FIRST	MIDDLE	LAST		DAY YEAR 26 HOUR
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may b	3. SE	X	4 RACE	5 DATE OF BIRTH	& AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
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withir for	10 C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU	RSING HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LI	126 KIND OF BUSINESS OR
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be fill	USU.	AL RESIDENCE (IF NURSING HOME OF	R OTHER INSTITUTION, GIVE RESIDENCE	BEFORE ADMISSION	134 STREET ADDRESS	BRET CT
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1 0		VAS DECEASED EVER IN U.S. AS		SECURITY NO 17 INFORMANT	ADDRESS	
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or re		4910 IMMEDIA	TE CAUSE (a)	CPV 0		
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ematic		gove rise to immediate) (b)			
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shov shov	띪					FYING CAUSES OF DEATH? ES \(\bigcap \) NO \(\bigcap \)
ental Hygiene or Item 18 sho	ER	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN ITEM 18.	
ental Hyg		OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH	DAY YEAR		
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alth is mg		AT WORK AT WORK	1 to 10 to 1 to 1 to 1 to 1 to 1 to 1 to	on 1715 10 8	1 . 2-0	19 8 2 , that (I) (we) lost
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tem		above, (1) (we) (did) (did no	ot) view the bady after death.	DEGREE	The second control of the second control for	
Ched Dept	13	226. SIGNATURE	000		MEDICAL STAFF	221. DATE SIGNED
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should be detact with the State E		K-CH!	EN-TAN	13alt non	e City Mospita	· (
€ 3 €	23e	BURIAL, CREMATION, REMOVAL	1 23h. DAJE 3/10/82	23c NAME OF CEMETERY OR CREMATORY	CITY OR TOWN	COUNTY STATE
	-	BURIAL	3/10/82	GATE OF HEAVEN	V HAWTHORN	E O TOWN !
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IF UNDER 1 YEAR

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2h. HOUR

12b. KIND OF BUSINESS OR

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IF UNDER 24 HRS

REG. NO

2a DATE OF DEATH

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

COOK ILLINOIS

COUNTY

STATE

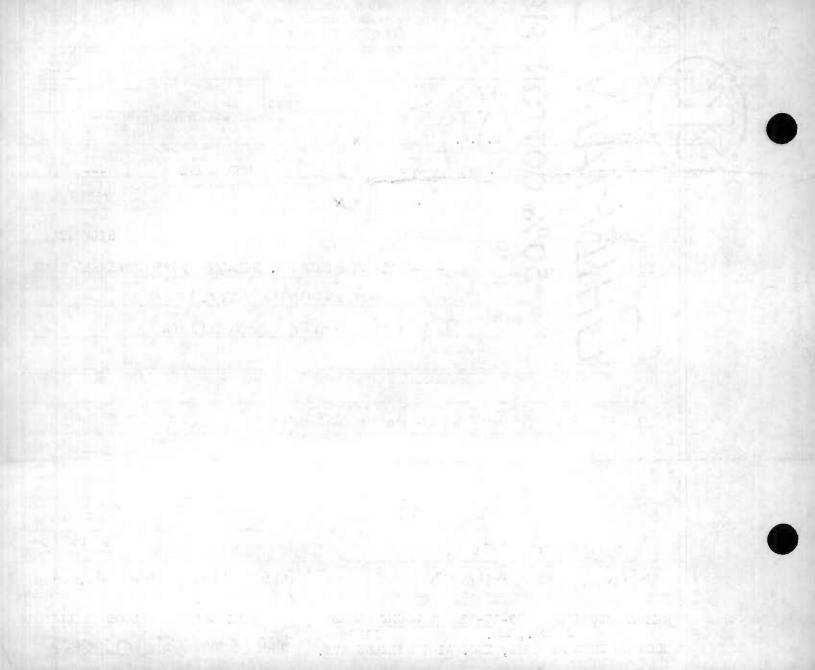
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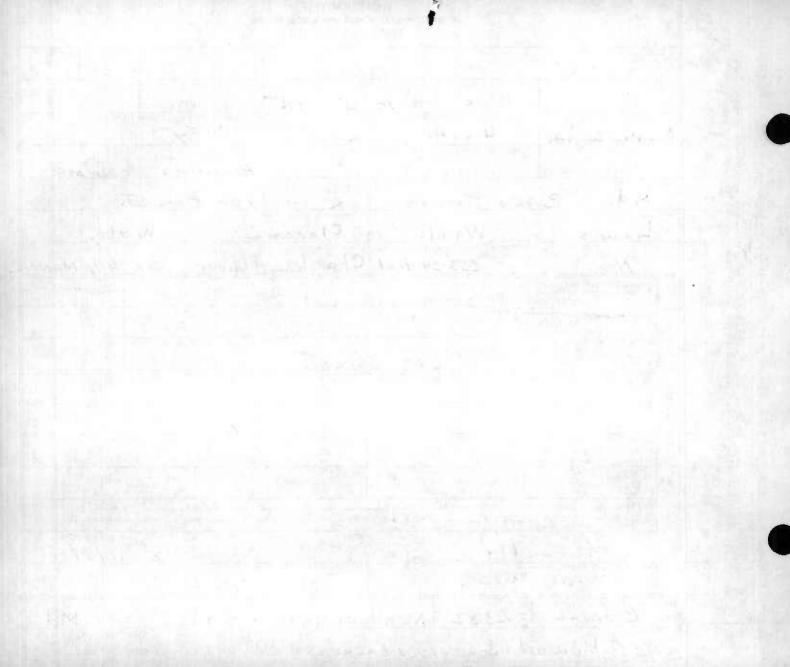
1 - STATE

REGISTRAR

DECEASED NAME

24 FUNERAL DIRECTOR BALTO., MD. 21229 HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE. 25 DATE REC D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE





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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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1		REGISTRAR		CERTIFICATE	OF DEATH	REG. N	0.	
10		CEASED NAME FIRST	WIDDLE	LAST			MONTH DAY	YEAR 26 HOUR
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moy b poge	3. SE	×	4. RACE	5 DATE OF BIRTH		6 AGE (IN YEARS LAST BIRT		IDER 1 YEAR IF UNDER 24 HRS
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	z	PART 2 OTHER SIGNIFICANT C	onditions <u>Contributing</u>	TO DEATH BUT NOT REL	ATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN	PART I(a)
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		OR CONTRIBUTING CAUSE OF DEA		DAY YEAR				
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55 F 0 > 7		BURIAL, CREMATION, REMOVAL	236. DATE	231 NAME OF CEMETERY	OR CREMATORY	23d. LOCATION	COUN	STATE
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DHMH - 16 50M 1/76	24. F	UNERAL DIRECTOR	ADDRE	55	250. PA	E RECD. BY REGISTRAR	HEGISTRAP	SSIGNATURATION
(VR A 15 (4))	1	AS. A. MORTON	+ JONS 1	701 LAUREN		5 1002	7	7

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completely filled in by the should be filed

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injury, or other froum

IMPORTANT: If Item 21 is morked or Item 18 shaws any

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physic should be detached for use as the burial-transit permit. Then please remove corban paper with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remaval

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CENTIFICATE OF BEATH

CERTIFICATE OF DEATH

							KEG. NO.				
DECEASED NAME	FIRST	MIDDLE		LAST		2a DAT	OF DEATH M	ONTH DA	AY YEAR	2b HOUR	
(TIPE OR PRINT)	Warner		Ga	rner		Mar	ch 22,	19	82	2;40	p
. SEX	4	RACE /	5.	DATE OF BIRTH		6 AGE	IN YEARS LAST BIRTH		F UNDER I YEAR		_
MALE		Col.		Draz	6,189:	3 8	38	YRS	DATS DATS	HOURS	MIN.
a. BIRTHPLACE TE O	R FOREIGN 7b.	CITIZEN OF WHAT	COUNTRY? 8.	AADDIES TA	EVER MARRIED	9 BALTI	MORE CITY OR	COUNTY	OF DEATH		
Ua.		4.5.1	HI	IDOWED X	DIVORCED [Baltimor	re C	ity		М
CITY OR TOWN OF DI	EATH 11	NAME OF HOSPIT	TAL, NURSING H	OME OR OTHE	RINSTITUTION	120,1480	AL OCCUPATIO	N/		OF BUSINES	S O
Baltimore		Mary land			ital	1	elira	7	INDUSTRY	4	
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MAry/And		B	BATIMO	YES YES		3	17 Pre	55/1	nan	, 2/	
FATHER'S NAME +	MID	DUE /	LAST	15 MC	THER'S MAIDEN	NAME	WIDDLE		1		
Mor/o	w	GAI	rner		mA	ru.	WIDDLE	(2	ARI	ren	
(YES, NO OR HANNOWN)	R IN U.S. ARME		OCIAL SECURITY	NO. 17 INF	ORMANT	7	ADDRES	5	1-1	_	1
ges	LUU	UT 71	7077	801 mx	5. MAY	uspr	dAN 5	17/1	coslm	no SI	
		ine cause per line fa	r (a), (b), and (c)	.)	1	1			BETWEEN	IMATE INTERVA	AL
PART I. DEATH	IMMEDIATE (AUSE (a) Bro	nchopnu	emonia							
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gave rise to in	nmediate	(b) <u>CIII</u>	OILLE LA	eToneph	11612		100			-	_
cause (a), stat		DUE TO, OR AS A	CONSEQUENC	E OF					100		
		(c)									
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DAIL OF OFER	ATION	190 CONDITION	OK WHICH OF	RATION WAS	PERFORMED	200 A		IN CERTIFY	WERE FINDS	OF DEATH	?
						YES*	d - L.J	YES)	4.2.7	NO 🗌	
		HOUR A.M. M		YEAR 216 H	DW INJURY OCCU	URRED (ENTE	R NATURE OF INJURY	IN ITEM 18 PAR	T I OR PART 2)		
OR CONTRIBUTING		P.M.	ioitiii bai	19							
21d INJURY OCCU		21e. PLACE OF INJ	URY		CATION						
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AT WORK AT W			A4		0.0				0.0		
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22h SIGNATURE	10 10	1/-		DEGREE					Th. DATE	SIGNITO	
Amry	Mr. V	+aris	(m 7.	ATTENDING PHYSICIAN		AL STAFF OR PHYSICIA		3/4	3/82	-
27d. PHYSICIAN'S N	AME (TYPE OR PR	INT)		22e Al	DDRESS				1	1	_
Ha	rry Har	ris, M.D.			C/O . M	larylan	d Gener	al Hos	pital	V.	

DHMH-16 50M 1/81 (VRA 15, 4)

24 FUNERAL DIRECTOR

FOR - STATE

REGISTRAR

23c NAME OF CEMETERY OR CRE

Maryland General Hospital

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FOR - STATE

REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

YEAR

DIVORCED

FIRST

17 INFORMANT

LAST

DATE OF BIRTH

MONTH

WIDOWED

REG. NO 20 DATE OF DEATH MONTH YEAR 2b HOUR 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS MONTHS DAYS HOURS 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED 126. KIND OF BUSINESS OR 120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 15. MOTHER'S MAIDEN NAME LAST APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 160 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES V 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) CITY OR TOWN COUNTY STATE

216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR 21e PLACE OF INJURY

166 SOCIAL SECURITY NO

216-32

21f. LOCATION

that (I) (we) lost (our) apinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED

ATTENDING MEDICAL STAFF PHYSICIAN [] DIRECTOR | PHYSICIAN 22e. ADDRESS

Dellimore 23c. NAME OF CEMETERY OR CREMATORY

42 , and that in my

DEGREE

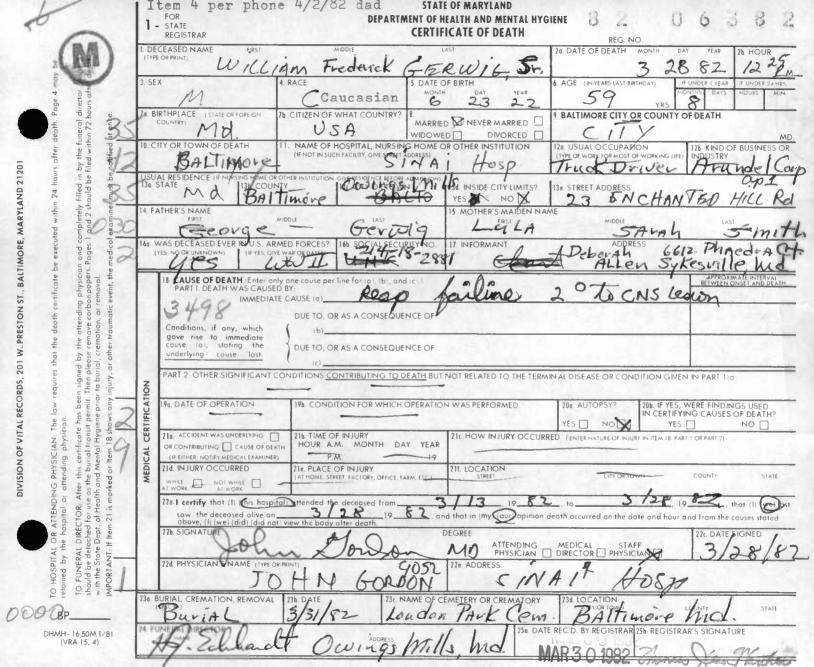
23d LOCATION

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR

DHMH - 16 50M 7/77 (VRA 15 (4))

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131	FOR - STATE REGISTRAR	DEPARTMENT OF I	E OF MARYLAND HEALTH AND MENTAL HYO FICATE OF DEATH		06384
	ECEASED NAME FIRST		LASI	REG. NO	O. MONTH DAY YEAR 26. HOUR
(14	(PE OR PRINT)	RIA A- GI	BSON	MARCH :	21 1982 94 1
1 S			DF BIRTH DAY YEAR 1912	6 AGE (IN YEARS LAST BIR	THOAY) IF UNDER LYEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN. YRS.
3	BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY? 8. MARRIE WIDOW	D NEVER MARRIED		R COUNTY OF DEATH
ELO /	Baltimore	11. NAME OF HOSPITAL, NURSING HOME (OR OTHER INSTITUTION	12a USUAL OCCUPATION OF WORK FOR MOST OF	ION 126. KIND OF BUSINESS OR
		R OTHER INSTITUTION. GIVE RESIDENCE BEFORE ADMISSION) NTY 13c. CITY OR TOWN Baltim ove	13d. INSIDE CITY LIMITS? YES NO	13e. STREET ADDRESS 2014 H	arlem Ave.
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	WAS DECEASED EVER IN U.S. AF		17. INFORMANT Victoria 2.	Gibson	55
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njury, or other tro	Candifions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT	(b) ACCOHOLIC DUE TO, OR AS A CONSEQUENCE OF (c) CONDITIONS CONTRIBUTING TO DEATH BUT A (FAILURE	LIUER NOT RELATED TO THE TERM		DITION GIVEN IN PART 1(6)
S shows any injur	190 DATE OF OPERATION	196. CONDITION FOR WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
- / \	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	RY IN ITEM 18 PART I OR PART 2)
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	210 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	211. LOCATION STREET	CITY OR TO	WN COUNTY STATE
If Hem 21 is mo	saw the deceased alive ar	- MARCH OL DO	nd that in (my) (aur) opinian DEGREE ATTENDING	MEDICAL STAF	22t. DATE SIGNED
MPORTANT	22d. PHYSICIAN'S NAME (TYPE	OR PRINT)	22e ADDRESS	DIRECTOR PHYSIC	
MPORTA		SARA-SOARES	NI-CHAPLES	GEN . HOSP.	BACT. H.D. 21218

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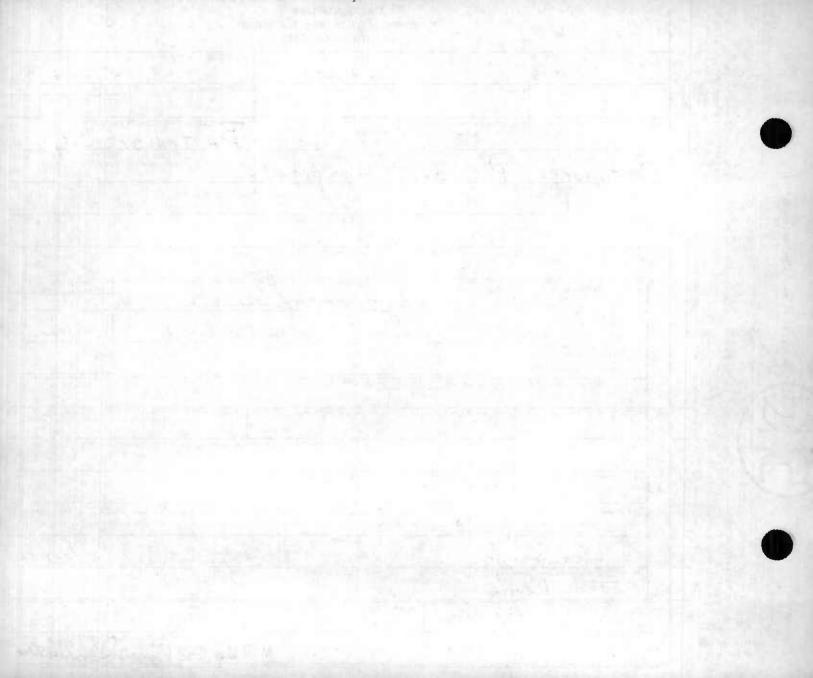
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(VR A 15 (4))

STATE OF MARYLAND

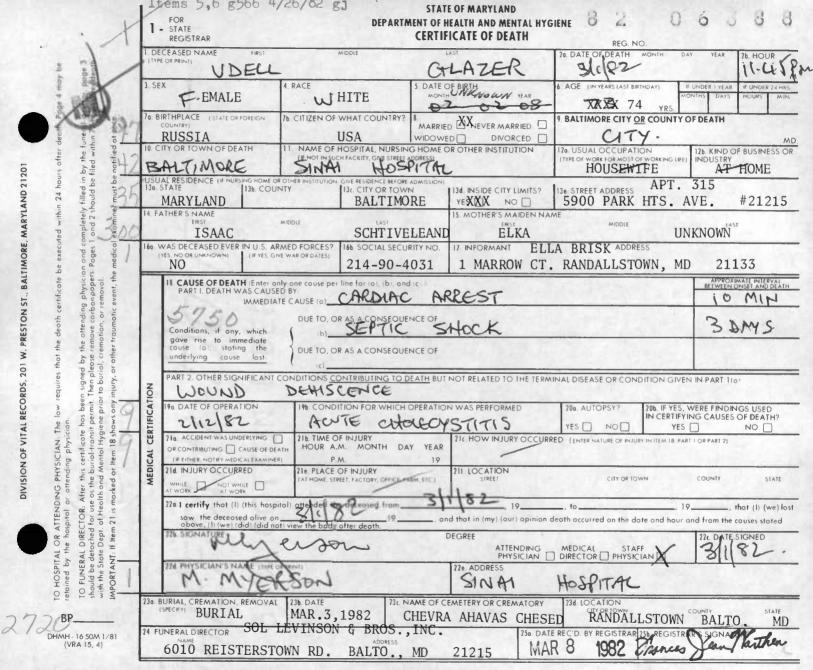
CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

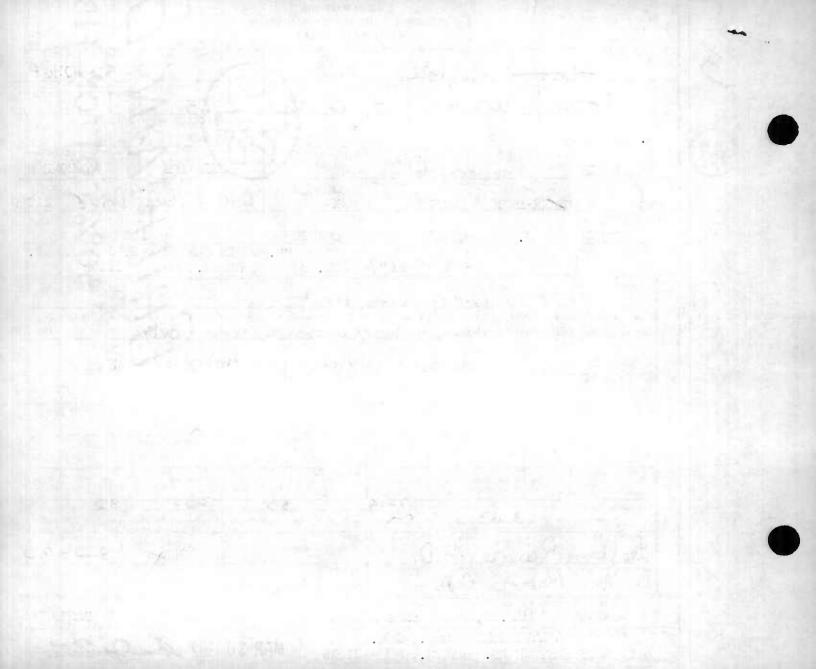


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· AM		. DEC	CEASED NAME FIRST		middle		AST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
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n 24 hou r filled in hould be	5	130 5	RESIDENCE (IF NURSING HOME OF TATE)	OTHER INSTITUTION	13c. CITY OR TOW	admission) N	13d INSIDE CITY LIMITS?		ea Ave21206
ompletely ompletely ond 2 s	20		THER'S NAME Konstanty Gi	0	LAST		15. MOTHER'S MAIDEN NA	nce	TAST
be execu on ond c	1		(IF YES GI	MED FORCES? /E WAR OR DATES)	217-16-8		Sophia M. Gi	zinski 4512 Wood	Llea Ave21206
that the death certific d by the attending phy lease remove corbon por iol, cremotion, or remove or other troumatic even			Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse lost	DUE TO, O DUE TO, O DUE TO, O (b)	R AS A CONSEQUE	NCE OF	L Out (e)	(Lung	2
The low requires cion. e hos been signe sit permit. Then pigiene prior to bur thows only injury.	9	CERTIFICATION	Charie (196 COND	ition for which	Pull	n was personned	YES NO Y	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? YESNO
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TTENDIN pitol or TOR: Aft for use o of Health			22a.1 certify that (1) (this hasp sow the deceased alive or above, (1) (we) (did) (did no	- 11	28 10.8	2 0	nd that in (my) (our) opinion	death occurred on the date and ha	, 1982, that (I) (we) lost
TAL OR A y the hos RAL DIREC detoched tote Dept.		•	TO SIGNATURE	m 4	John	,	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	3/30/52
O HOSPII etoined b TO FUNER should be with the Si	1		Pavis Pavis	m +	fahn		22e ADDRESS		
P P		(URIAL CREMATION, REMOVAL SPECIFY! Burial	23b. DATE 4-2-8			of Faith Cem	23d LOCATION CITY OR TOWN Balto. Md.	-21206 STATE
DHMH - 16 50M 1/B1 (VRA 15, 4)			John (. Miller	Inc64	15 Betain	. Rd	-21206 250 DAT	AR 31 1982 Then	RES SIGNATURE

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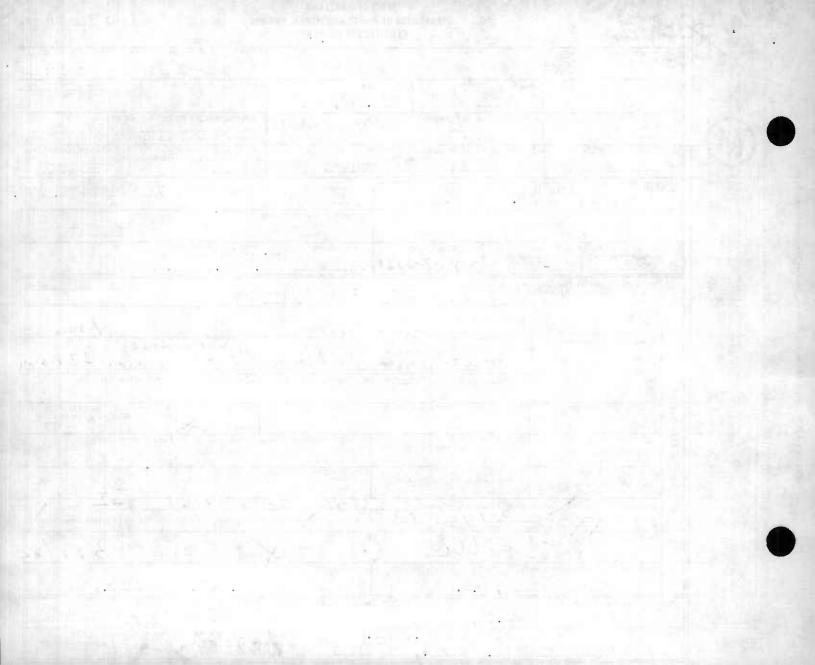
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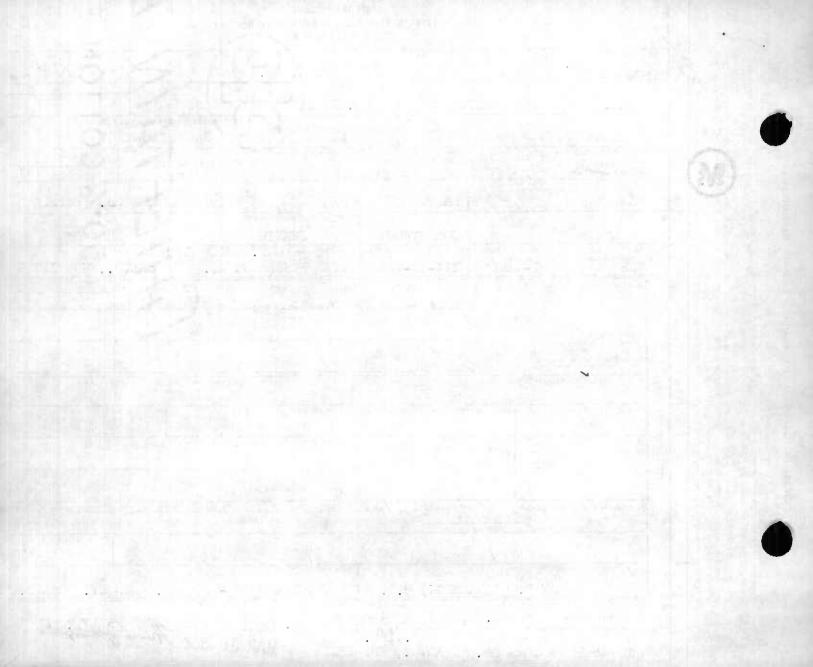
and a mention of the company of the company As all the Fig. 1. The company of the contract of the contract

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME MIDDLE 20 DATE OF DEATH 2b. HOUR TYPE OR PRINTS C. Anna Goddard 3. SEX 4 RACE 5 DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF LINDER 24 HD MONTH YEAR DAY Female Cauc. 1907 IN BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY Md. Baltimore City WIDOWED DIVORCED [10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Baltimore 224 N. Ellwood Housewife USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13b COUNTY 13c CITY OR TOWN 13e STREET ADDRESS 13d INSIDE CITY LIMITS? Md. Baltimore 224 N. Ellwood 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE MIDDLE Francis Connor Elizabeth Wittstadt 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT I IF YES, GIVE WAR OR DATES) LYES NO OR LINKNOWN) No 213-01-5703 Joseph Goddard Ellwood 18 CAUSE OF DEATH (Enter only one cause per luctor of the part I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE 10 DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (o, stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. d PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) DIVISION OF VITAL RECORDS, CERTIFICATION a 190 DATE OF OPERATION CONDITION FOR WHICH PERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS LISED IN CERTIFYING CAUSES OF DEATH? Mental Hygiene YES T NO T 210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 18 5 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M ÷ 21d. INJURY OCCURRED 21e. PLACE OF INJURY 20 21f LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OF TOWN COUNTY STATE WHILE NOT WHILE AT WORK AT WORK 220.1 certify that (1) (this haspital) ottended the deceased from and that in (my) (our) opinion deoth accurred on the date and hour and from the causes stated above. | I we | (did) hid not view the body after death 22h SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF be deto FUNERAL old be deta MPORTANT PHYSICIAN DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME (TY FOR PRINT) 22e ADDRESS 230 BURIAL CREMATION REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Burial 6/82 Gardens of Faitho 24 FUNERAL DIRECTOR 250 DATERED DESY RECUSERAR 754 REGISTRAL SIGNATURE DHMH - 16 60M 7/73 (VR A 15 (4)) Dabrowski & Son 2818 E. Baltimore St.

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE



6010 REISTERSTOWN RD.



N.	1	STATE REGISTRAR		DEPARTM		CATE OF DEATH	REG. 1	W)	0	
6-61		CEASED NAME FIRST		MIDDLE	L	ST	20. DATE OF DEATH	MONTH	DAY YEAR	2b HOUR
		Rose			Go	lomb	Mar	ch 5,	1982	3:47P
	3 SE	X	4. RACE		5. DATE O		6 AGE (IN YEARS LAST B	RTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
		FEMALE	WHIT	Е	SEI	PT. 27, 1902		79 YRS.	MOITHIS DATS	MIN.
ė de	7a. B	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8 MARRIET	□ NEVER MARRIED □	9 BALTIMORE CITY		Y OF DEATH	
35		MARYLAND	US		WIDOWE	DIVORCED [Baltin	nore C	ity	M
1/2		Baltimore	11. NAME OF	HOSPITAL, NURSING THE FACILITY GIVE STREET A GOOD GENERAL	G HOME O	r other institution	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST HOUSE)	OF WORKING LI		
o o	USU	AL RESIDENCE (IF NURSING HOME OF	ROTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)					21209
35		MARYLAND 136. COU	NIY	BALT IMORI		YES NO [2711-A HAN	NSON A		
E	14. F	ATHER'S NAME FIRST	WIDDLE	LAST	- 12	15 MOTHER'S MAIDEN NA	MIDDLE		LA	.S1
300		BENJAMIN		LEVIN		YETTA			GOLDBER	₹G
medico			RMED FORCES?	166 SOCIAL SECUI			. SYLVIAADP			
e "		NO		220-24-4	116H	3806 FALLSTA	FF RD., APT	Γ. 1B	#212	
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		4100	DUE TO, O	R AS A CONSEQUE	NCE OF				100	
000		Conditions, if any, which gove rise to immediate	(b)_					975		
or other t		couse (o), stoting the	DUE TO, O	R AS A CONSEQUE	NCE OF					
5		underlying couse lost.	(c)_							
nolory,	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS <u>C</u>	ONTRIBUTING TO D	EATH BUT I	NOT RELATED TO THE TERM	VINAL DISEASE OR CON	IDITION GIV	VEN IN PART 1	0,
Sony	CERTIFICATION	190. DATE OF OPERATION	19b. COND	ITION FOR WHICH (OPERATION	I WAS PERFORMED	20a AUTOPSY?	20b. IF YES	S, WERE FIND I	NGS USED
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lien /	CAL	(IF EITHER NOTIFY MEDICAL EXAMINE	RI P.	M	19					JI EVELS
rop	MEDICAL	21d. INJURY OCCURRED		OF INJURY	RM, ETC)	21f LOCATION STREET	CITY OR TO	DWN	COUNTY	STATE
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0		220.1 certify that the (this hosp	ital) attended th	e deceosed from	7	3, 19 82	March	2,	19 82	that 🗶 (we) los
4		sow the deceased alive on above, M (we) (did) (A) (M)	March Kview the body	olter death.	one .	d that inXX (our) opinion	deoth occurred on the c	lote and hou	or and from the	couses stated
	8.	176 SKSBIATURE	1 00		D	EGREE		37,17	22c. DATE	SIGNED
=		SPORT	h	Jenl		ATTENDING PHYSICIAN	MEDICAL STA		3/5/	/82
		274 PHYSICIAN'S NAME TYPE	OR PRINT)			22e. ADDRESS	THE STATE OF		1 3. 3.	
OK		Joseph A. Gent	. M.D.			c/o Marylan	d General H	dospit	al	
2		BURIAL, CREMATION, REMOVAL		23c. N	AME OF CE	METERY OR CREMATORY	23d. LOCATION			
7		BURIAL	MAR.	7,1982 AC	GUDAS	ACHIM ANSHE	SFARD ROS	SEDALE	BALTO	o. SMb
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		REGISTRAR				CERTIF	ICATE OF D	EATH	REG. N	0.		
		CEASED NAME OR PRINT)	JOSEF		J. G	ORZKO	WSKI		20. DATE OF DEATH MARCH	24, 19		9:27A M
	3 SEX	Male		4 RACE Whi	te	OCT	5,19		AGE (IN YEARS LAST BI	YRS.	FUNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
	Ba	RIHPLACE (STATEO COUNTRY) ltimore,	Md.	76 CITIZEN OF	• A •		D NEVER M		Baltimore city of	R COUNTY		MD.
,	Bo	altimore	?	Chur		ttal			TYPE OF WORK FOR MOST OF Shippin	ON - OF WORKING LIFE	126 KIND O INDUSTRY	P POLITINESS OR
30	13a S	AL RESIDENCE (IF NU STATE Md.	13b COUN		Baltim	ore			13 S. E	lwood	d Aver	rue
		Stanle		WIDDLE	Gorzko			erya	MIDDLE		olter	
	16a. V	VAS DECEASED EVE	WW GI	MED FORCES?	215-05.		Miss	Ann G	imore,ADDR orzkowsk	i-13	. 212 S. El	24 lwood
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	TION	19a DATE OF OPER			CEREBRO	VASCU	AR ACC	DENT				
	CERTIFICATION	ING DATE OF OPER	ATION	196. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFOR	MED	200 AUTOPSY? YES NO[X		WERE FINDIN ING CAUSES	
	MEDICAL CE	21a. ACCIDENT WAS UP OR CONTRIBUTING [(IF EITHER, NOTIFY MEI 21d. IN JURY OCCU	CAUSE OF DEA	P. 21e PLACE	M. MONTH DA	19	211 LOCATION		D (ENTER NATURE OF INJU		COUNTY	STATE
	W	WHILE NOT VAT WORK 22a. I certify that (I) Whis hospit		e deceased from_	MARCH	18.	9_82 opinion de	, to MARCH ooth occurred on the d	24.	82	that (l) (we) last
		22b. SIGNATURE	(did) (did not	Very	ofter death.		DEGREE	TENDING HYSICIAN	MEDICAL STA	FF IAN &	3 3 3	
			NAZEM	[, M.D.			22e ADDRESS 100 N.	BROADW	HOSPITAL AY, BALTIM		_	31
		SURIAL, CREMATION SPECIFY) Bur		3/27/			CASORU		23d LOCATION CITYOR TOWN	timor	COUNTY MO	ruland

DHMH - 16 50M 1/81 (VRA 15, 4)

24 FUNERAL DIRECTOR

NAME

25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAP'S SIGNATURE

John H. Moran, Vac. 3000 E. Baltimore St. Limore Ald 21279

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A CONTRACTOR OF THE PARTY OF TH		
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	stauron.	
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STATE

DECEASED NAME

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

20. DATE OF DEATH MONTH March 4. 1982 BALTIMORE CITY OR COUNTY OF DEATH BALTIMORE 12b. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY 3603 Bonview Ave. Moore 4903 Lynda Ave. weeker 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO T COUNTY STATE

22c. DATE SIGNED

Johns Hopkins Hospital

230 NAME OF CEMETERY OR CREMATORY 23d LOCATION Baltimore Baltimore

Schimunek Funeral Home, Inc. 3331 Brehms Lane, Balto, Md. 21213

Mã.

DHMH - 16 50M 1/81 (VRA 15, 4)

4517 PARK HEIGHTS AVENUE

LEWIS T. GWYNN

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FOR

REGISTRAR

- STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

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- STATE REGISTRAR	ou and	CERTIFICATE OF DEATH	REG. NO.	
1. DECEASED NAME FIRST (TYPE OR PRINT) JAMES	MIDDLE	GREEN	20 DATE OF DEATH MONTH DA	Y YEAR 26 HOUR
MALE	BLACK	5. DATE OF BIRTH MONTH DAY YEAR 07	6. AGE (IN YEARS LAST BIRTHDAY) ACT	UNDER I YEAR IF UNDER 24 HRS
70 BIRTHPLACE (STATE OR FOREIGN CAROLINA	16 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	BATTO	Cetty MD.
BALTIMORE	11. NAME OF HOSPITAL, NURSIN	OF HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPREPT REDST OF WORKING LIFE)	12b. KIND OF BUSINESS OR INDUSTRY
USUAL RESIDENCE (IF NURSING HOLD OF OF			13e STREET ADDRESS 1704 DINSEY RO	DAD
JAMES	MIDDLE GREEN	15 MOTHER'S MAIDEN NA	ME UNKNOWN MIDDLE	LAST
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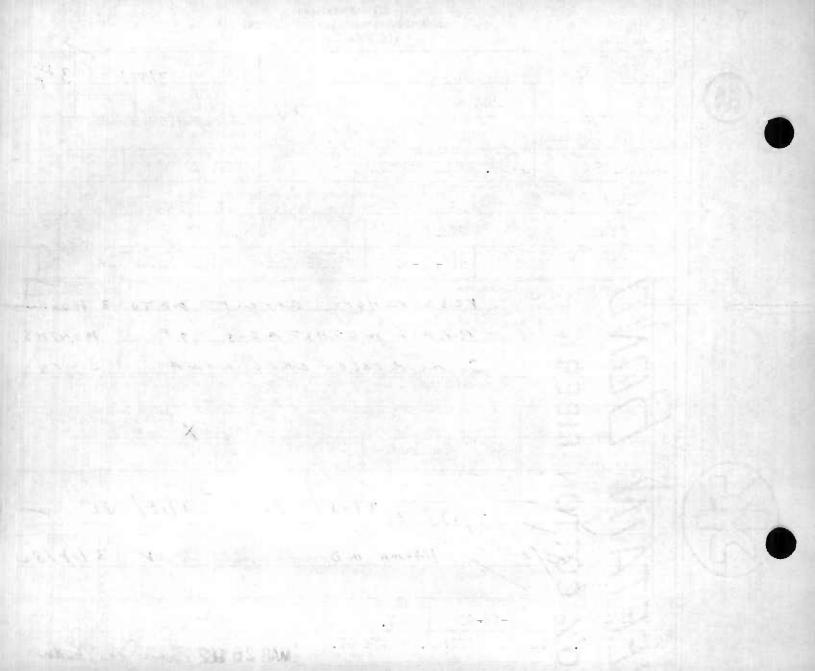
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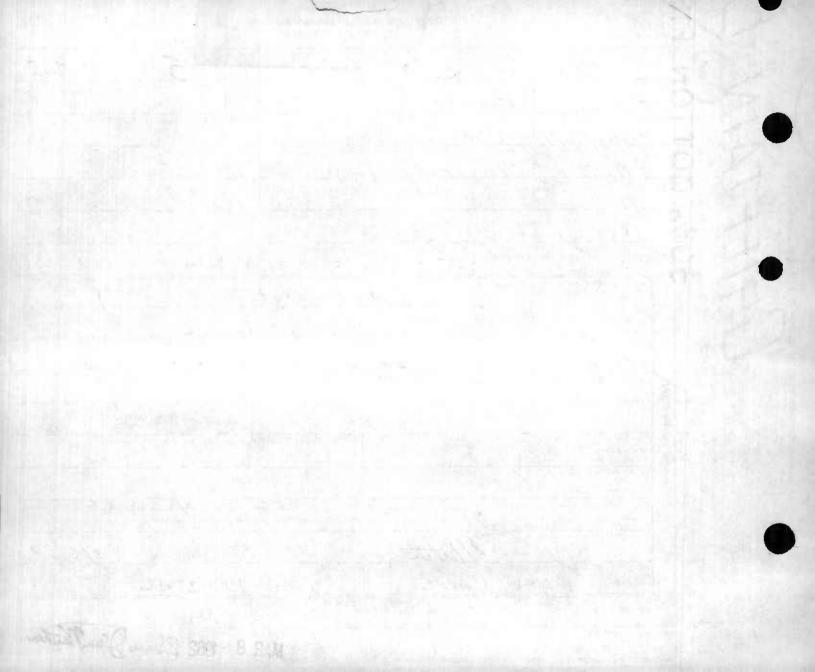
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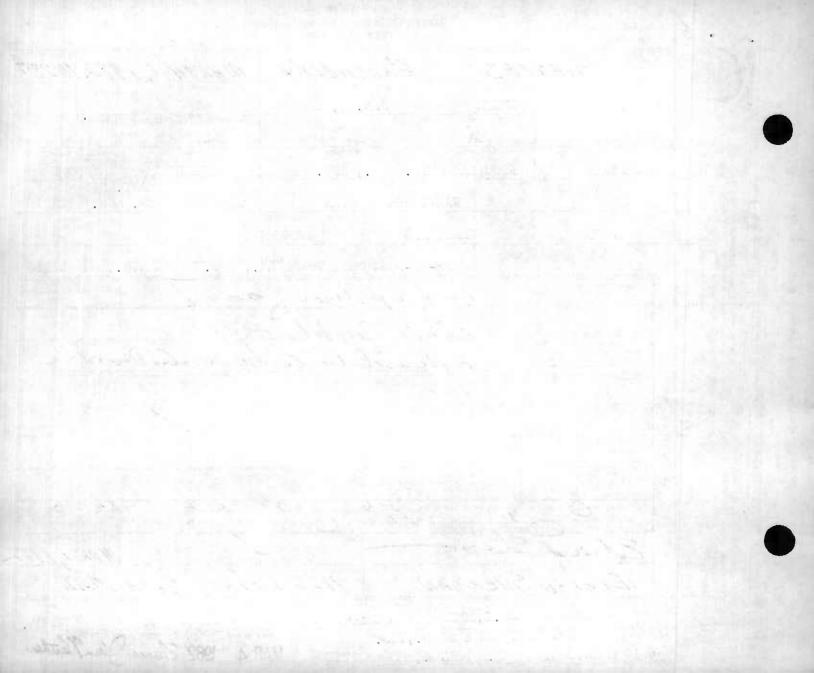


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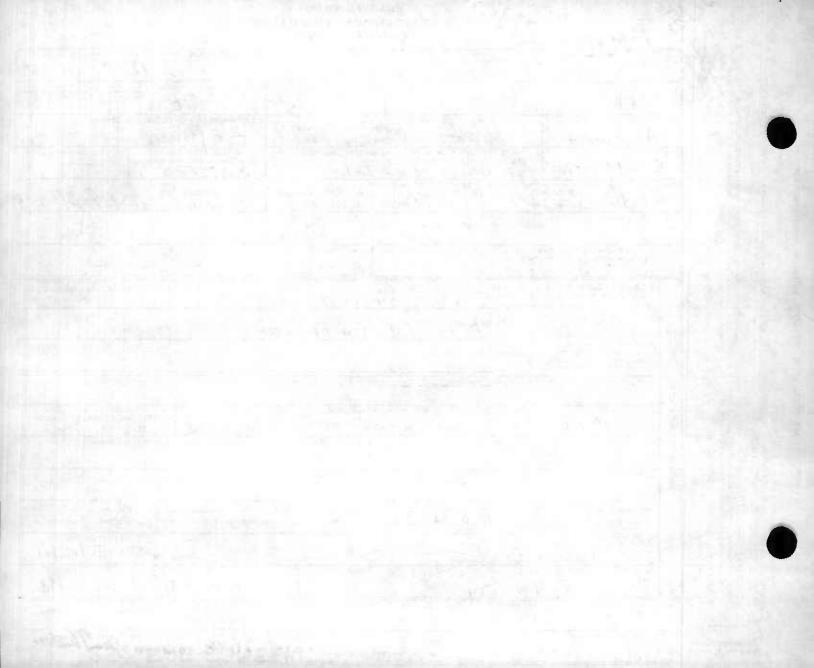
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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE



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		II CAUSE OF DEATH (Enter onl	y one cause per line for (a), (b), a	ind (c), i		APPROXIMATE INTERV
		PART I. DEATH WAS CAUSED	ECAUSE (0) CArdia	1		~
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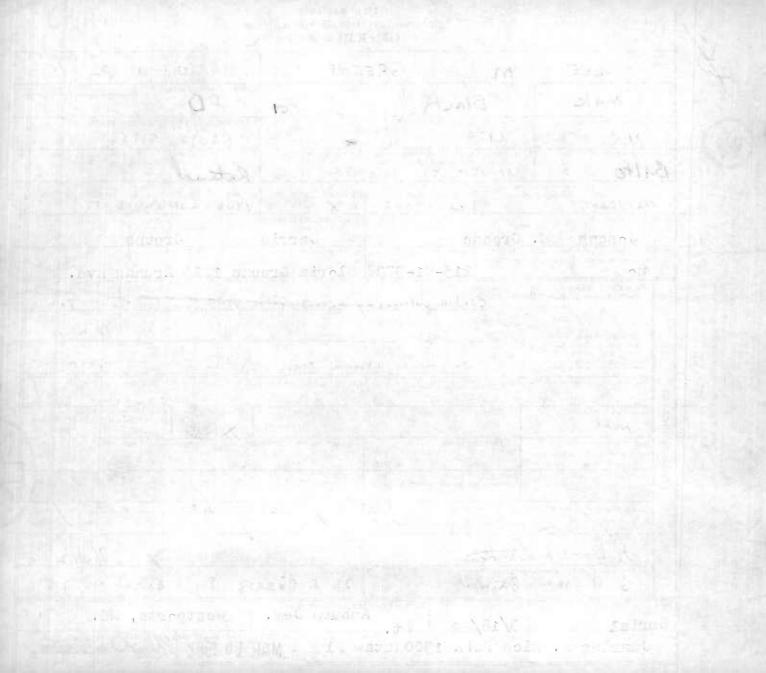
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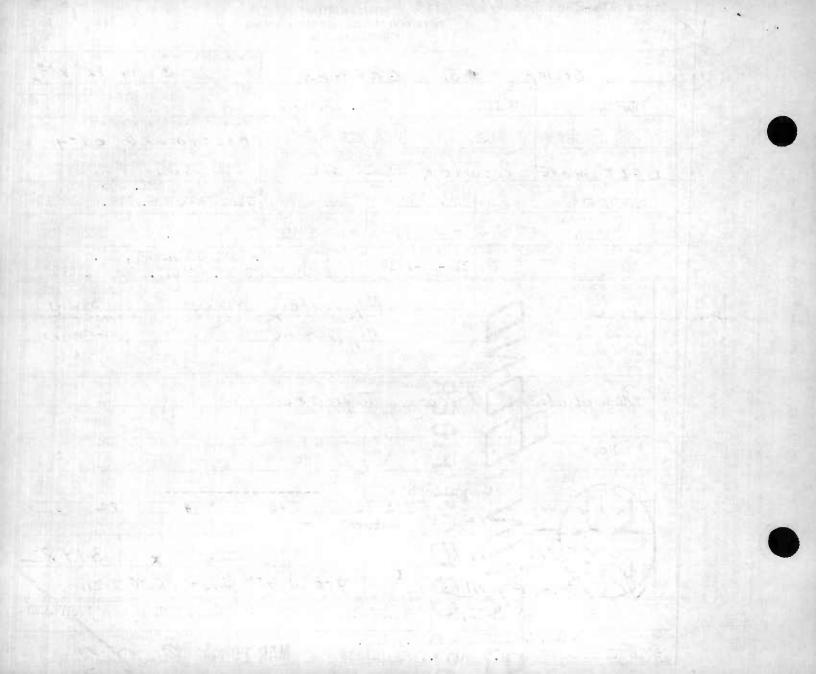
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STATE OF MARYLAND

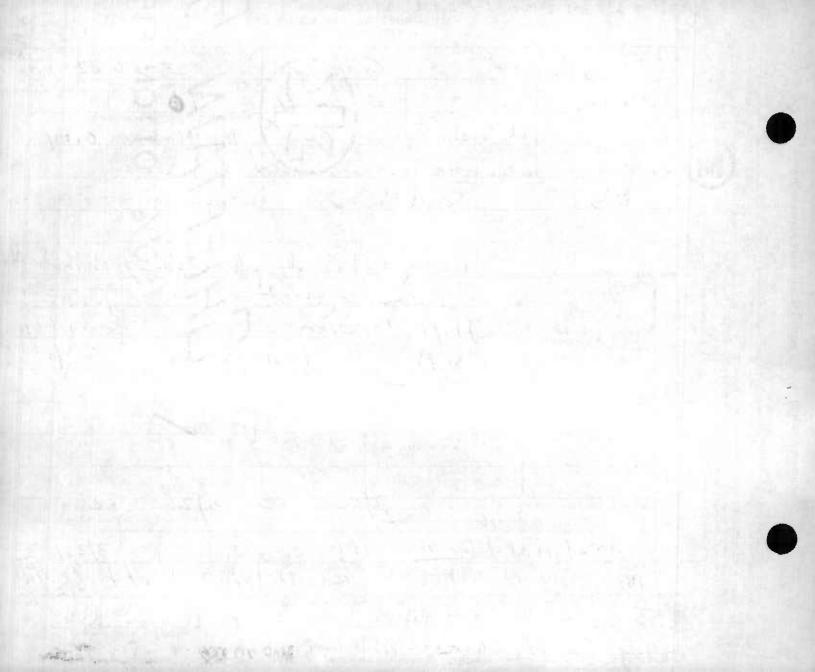
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

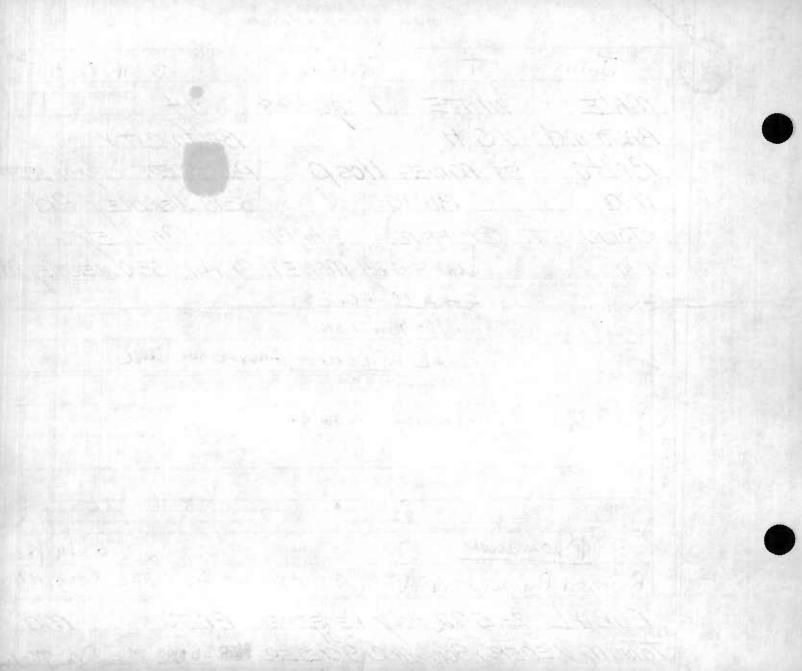


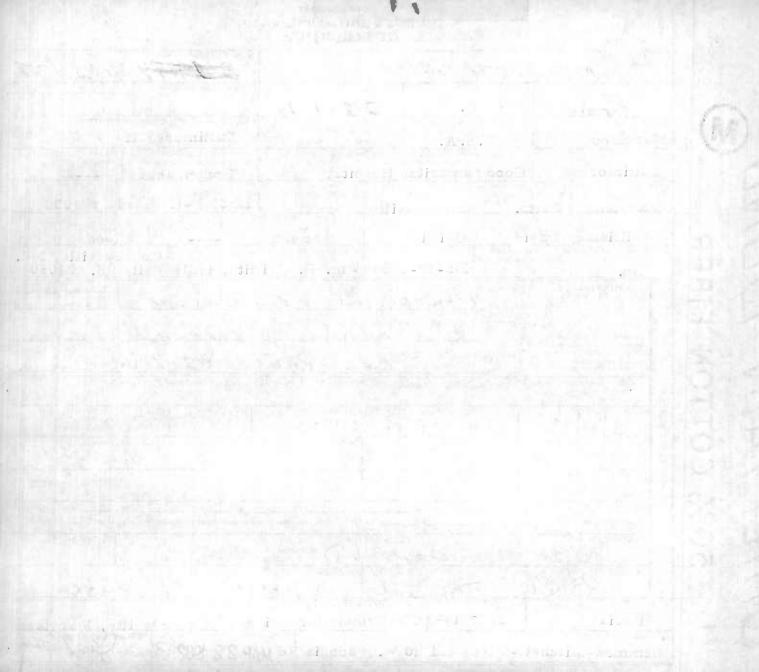
Items 21a-22a G566 4/6/82 dad



Item 13e per phone 4/2/82 dad







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15			OR		D	EPARTMENT OF	HEALTH	AND MENTAL H	YGIENE	0 6		da
To the	-		TATE REGISTRAR		MED	DICAL EXAMIN	ER'S	ERTIFICATE O	F DEATH REG.	NO		-
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MD. H. A.	ICE 62		THER'S NAME					15. MOTHER'S MAIDE	NNAME			
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WE SE	DE\$	_ =	death resulted fram	Natural cause	25	Accident K., Su	icide	, Homicide	Undetermined manner].		
* #9	A K		A	1	1			TITLE (SPECIFY)				
₩ ₩	<u>₹</u> #		SIGNATURE	MX	IXX	_	M	D Assistan	MEDICAL EXAMINER	DATE	3-14-	-82
DIE TET	A A A	-	1	1	/ "							
\$	TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BALLIMORE, MARKLAND, 21201 PRIOR TO BURIAL,		EXAMINER'S NAME (TYPE OR PRINT)	Ann M.	Dixon	, M.D.		ADDRESS 111 Pe	enn St., Balto	, Md	. 2120	
5 X 4	548	23a.BL	RIAL, CREMATION, REA	OVAL 23b. DAT	E	23c. NAME OF CE	METERY C	R CREMATORY	23d. LOCATION CITY OR TOWN	COU	NTV	STATE
BP		(5)	Burial	17 M	ar.198	Harford	Mem	Gardens	Aberdeen R. D			1.
		24 FL	NERAL DIRECTOR				The state of the s	25a. DAT	IAR BY REGISTRAR 256. II	SPELBARE	LIGNATURE -	61-7
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IMPORTANT: If Nem 21 is marked or Nem 18 shows any

STATE OF MARYLAND

		FOR STATE REGISTRAR		DEPARTA		EALTH AND MENTAL HYGICATE OF DEATH	GIENE 3 2.	10.	6	1 1 3
į		EASED NAME FIR	ST	MIDDLE	ı.	AST	20 DATE OF DEATH	MONTH E	DAY YEAR	2b. HOUR
	(TTPE C	Jo	seph Vind	ent Haj	ek		March 27	. 198	32	AN
1	3 SEX		4 RACE		5 DATE C		6 AGE (IN YEARS LAST BIR	THDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
1		Male	Can	asian	TIT	1 1 -	41	YRS.	MONTHS DATS	HOURS MIN
		THPLACE (STATE OR FOREIGH	76 CITIZEN OF	WHAT COUNTRY?	8	NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY	OF DEATH	
5	CO	Md.	U.S.	Α.	WIDOWE		Baltim	ore		ME
	10 CIT	Y OR TOWN OF DEATH	11. NAME OF			OR OTHER INSTITUTION	12a USUAL OCCUPAT			F BUSINESS OR
		Baltimore	3413	Gough S		t	sanitati		ent. C	1 + 17
	13a. S1	L RESIDENCE (IF NURSING H TATE 136	OME OR OTHER INSTITUTION COUNTY		ADMISSION)	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS		Street	
	-	THER'S NAME				15. MOTHER'S MAIDEN NA			LAS	
	J	Toseph Ed	dward F	la jek		Vera	WIDDLE		Vacc	
	16a W	'AS DECEASED EVER IN U	S. ARMED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDR	ESS		
	(YE	ES, NO OR UNKNOWN) (IF Y	ES, GIVE WAR OR DATES)	220-36-	7746	Stella Hai	lek. 3413	Gough	St.	
			ich (b) (b) (b) (c) DUE TO, C	OR AS A CONSEQUE	y out		e With	olef		
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	CERTIFICATION	196 DATE OF OPERATION	196 COND	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO		S, WERE FINDIE YING CAUSES S	
,		214. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL EX.	OF DEATH HOUR A	OF INJURY .M. MONTH D.	AY YEAR	21c HOW INJURY OCCUR	RRED (ENTER NATURE OF INJURE	JRY IN ITEM 18, P	ART 1 OR PART 2)	
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		22a. I certify that (I) (this saw the deceased a abave, (I) (we) (did) 22b. SIGNATURE		19	-, n	nd that in (my) (aur) opinion DEGREE ATTENDING PHYSICIAN 1	MEDICAL STA	AFF _	r and from the	that (I). (we) last couses stated: StGNED 29/87
		22d. PHYSICIAN PHAME	YU-Che	N LE	E	University	to of med to	lespit	A Be	eso nel.
	1 15	URIAL, CREMATION, REM	NOVAL 23b. DATE		NAME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN		COUNTY	STATE

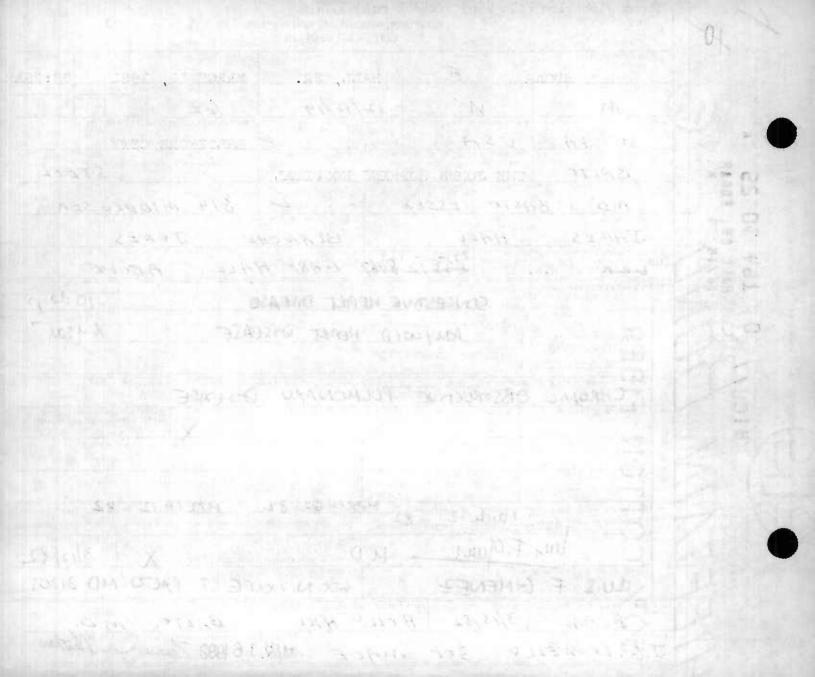
DHMH - 16 25M (VR A 15 (4)) 9/74 24. FUNERAL DIRECTOR

ADDRESS 263 Zannino Funeral Home.

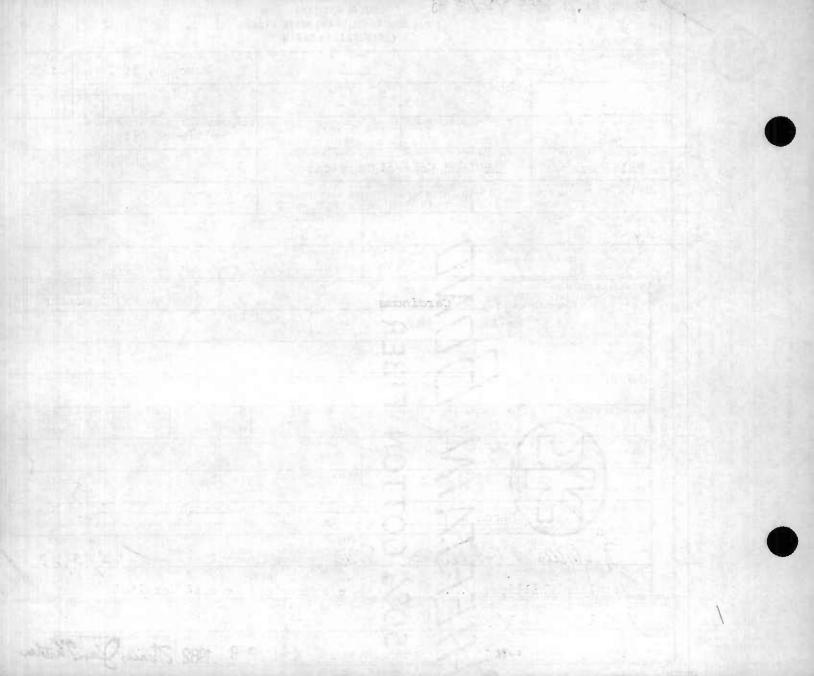
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		CEASED NAME FIRST	MIDDLE	LAST	REG. NO.	20 1
	_	Georg		Hall	March 4, 19	
	J. SE		4 RACE	5. DATE OF BIRTH MONTH DAY YEAR	MO MO	UNDER 1 YEAR IF UN
10	7a B	IRTHPLACE (STATE OR FOREIGN	black 76 CITIZEN OF WHAT COUNTRY?	3 9 05	76 YRS.	OF DEATH
# 8 3 3		Va.	USA	MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimore Cit	У
148	10 C	Baltimore	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET Maryland Gene	ADDRESS Hospital	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	126. KIND OF BUS INDUSTRY
201	USU 13a.	AL RESIDENCE (# NURSING HOME OR STATE 136 COUN	OTHER INSTITUTION GIVE RESIDENCE BEFORE		13e. STREET ADDRESS	
1		ATHER'S NAME	Baltimor		4139 Forest Par	k Avenue
exomin (FIRST	MIDDLE	15. MOTHER'S MAIDEN N	MIDDLE	LAST
e e	160	Julius WAS DECEASED EVER IN U.S. ARA	Ha. MED FORCES? [166 SOCIAL SECU		ADDRESS	Jones
medical	(yes, no or unknown) (if yes, give	218-10-3		er 4918 Palmer Ave	
the .		18 CAUSE OF DEATH (Enter on	v ane cause per line for (a), (b), on		AT 4910 TOTAL	APPROXIMATE BETWEEN ONSET
even		PART I. DEATH WAS CAUSED	D BY: E CAUSE (a) Carci r	noma		2 mont
notic		1991	DUE TO, OR AS A CONSEQUE	ENCE OF		
troumotic		Conditions, if ony, which gave rise to immediate	(b)			
other	-	cause (o), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE	ENCE OF		
ō		PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO (DEATH BUT NOT RELATED TO THE TER	rminal disease or condition given	V IN PART 1(0)
ony injury.	CERTIFICATION	190. DATE OF OPERATION	Two compliants of water	OPERATION WAS PERFORMED		
	IFIC.	190. DATE OF OPERATION	198. CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CERTIFYI	WERE FINDINGS I NG CAUSES OF D
a sw	~	210. ACCIDENT WAS UNDERLYING		21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN ITEM 18 PAR	
shows	W					
shows		OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	19		
or Item 18 shows		(IF EITHER NOTIFY MEDICAL EXAMINER)	21e. PLACE OF INJURY	21f LOCATION	CITY OR TOWN	COUNTY
or Item 18 shows	MEDICAL CE	(IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOTWHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	211 LOCATION STREET		
Item 18 shows		(IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOTWHILE AT WORK 22a.1 certify that (**) (this haspit-	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	PARM, ETC.) 216 LOCATION STREET	to March 4 19	82, that (
or Item 18 shows		(IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOTWHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F al) attended the deceased from March 4	FEBRUARY 15 19 82		82 , that (
If Item 21 is marked or Item 18 shows		(IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHITE NOT WHITE AT WORK 22a. I certify that (X (this haspiness with deceased alive an obove, (1)-(we) (did) (1)-(1)-(1)-(1)-(1)-(1)-(1)-(1)-(1)-(1)-	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F al) attended the deceased from March 4	PARM, ETC.) 216 LOCATION STREET	to March 4 19	82 , that (
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RTANT: If them 21 is marked or frem 18 shows	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 27d. I certify that (x (this haspit sow the deceased alive an obove, (4)(we) (did) (4) 27b. SIGNATURE 27d. PHYSICIAN'S NAME (17PE OR	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F March 4) view the bady after deoth. PRINT; 11ips, M.D.	PEDRUARY 15 19 82 and that in My (our) opinion DEGREE ATTENDING PHYSICIAN 170 ADDRESS C/O MARY LA	m death accurred an the date and haur on MEDICAL STAFF DIRECTOR PHYSICIAN Hand General Hospita	120 DATE SIGN
Item 21 is marked or Item 18 shows	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22d. I certify that (X (this haspit- saw the deceased alive an obove, (L) (we) (did) (drawn) 22d. SIGNATURE 22d. PHYSICIAN'S NAME (TYPE OR	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F March 4 I view the bady after death. PRINT) 11ips, M.D. 23b. DATE 23c. N	February 15 19 82 and that in My) (our) opinion DEGREE ATTENDING PHYSICIAN 170 ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN and General Hospita	120 DATE SIGN



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

Items 2a and 5 G 500 4/1/82 GAD

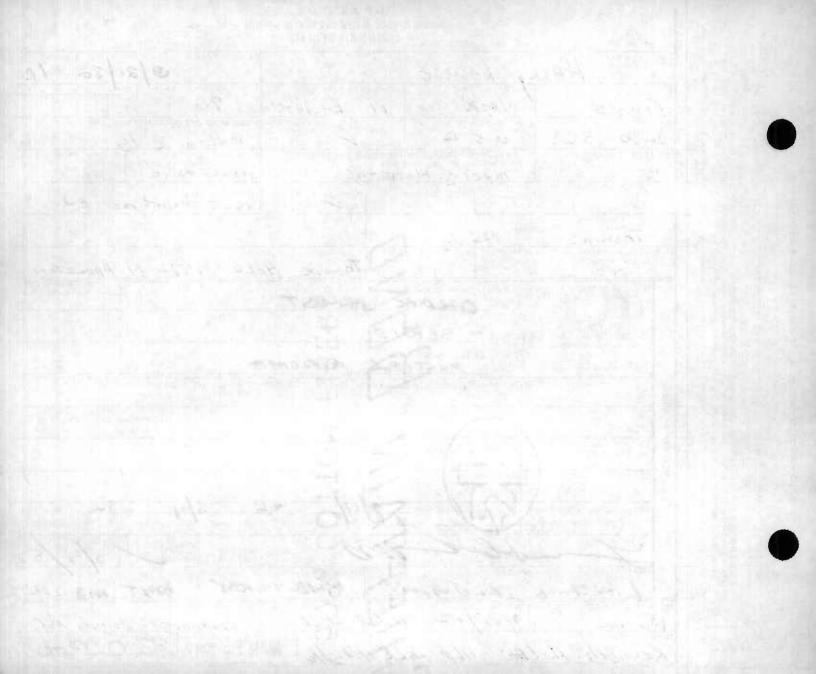
FIRST

STATE

REGISTRAR

1. DECEASED NAME

2	1	FOR - STATE REGISTRAR	DEPARTMENT	TATE OF MARYLAND OF HEALTH AND MENTAL HY TIFICATE OF DEATH	GIENE 6 2	06417
100	(TYP	CEASED NAME HAL	Le Locuse	LAST	20. DATE OF DEATH A	3/21/82 1 P.M
1	3 SE	EMALE	BLACK	TE OF BIRTH ONTH DAY YEAR 1 94 1905	6 AGE (IN YEARS LAST BIRTH	MONTHS DAYS HOURS MIN.
# # PA 27	0	IRTHPLACE (STATE OR FOREIGN COUNTRY) hester S.C.	US 14 WIDO	RRIED NEVER MARRIED DIVORCED		C, 49 MD.
B7		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOM (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS MECCY HOSPI	+76	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF	WORKING LIFE) INDUSTRY
3 3	13a	AL RESIDENCE (IF NURSING HOME OF STATE 136 COU	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISS JNTY 134, CITY OR TOWN	13d INSIDE CITY LIMITS? YES NO	130 STREET ADDRESS	untroop et.
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or and co		WAS DECEASED EVER IN U.S. A	RMED FORCES? 16b. SOCIAL SECURITY N	-77	ADDRES	2 N. Appleton
equires that the death certing in signed by the attending in Then please remove corbon to buriol, cremation, or reminjury, or other traumatic events.	NO	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUENCE CONSEQUENCE CONSEQUENCE CONSEQUENCE CONSTITUTIONS CONTRIBUTING TO DEATH	e myrlom		ITION GIVEN IN PART 1(0)
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DING PH or otten After thise os the I colth and	WE	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC	STREET	CITY OR TOW	S-7
L OR ATTEN the hospitol L DIRECTOR: stoched for us e Dept: of He E Lebet: of He		sow the deceased alive of	7771	ond that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF	
TO HOSPITAL etoined by the TO FUNERAL should be defined by the Store with the Store		278 PHYSICIAN'S NAME (TYPE LANREIUCE	E PEUDMBON	22e. ADDRESS MERCY	14058	574T. MA 2020.
0/BP	6	BURIAL, CREMATION, REMOVA SPECIFY)	236. DATE 236. NAME (111	BOLL 1100	
DHMH - 16 50M 1/81 (VRA 15, 4)	24 F	UNERAL DIRECTOR NAME SHIPSAIN FILE	LAW HIM PAKE	1/18 15/5 250. DA	IAR 23 1982	REGISTRAR'S SIGNATURE



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

DHMH - 16 50M 1/B1 (VRA 15, 4)

-STATE

REGISTRAR

Balto., Md. 21225 George J. Gonce F.H. 4001 Ritchie Hgwy.

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

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24. FUNERAL DIRECTOR

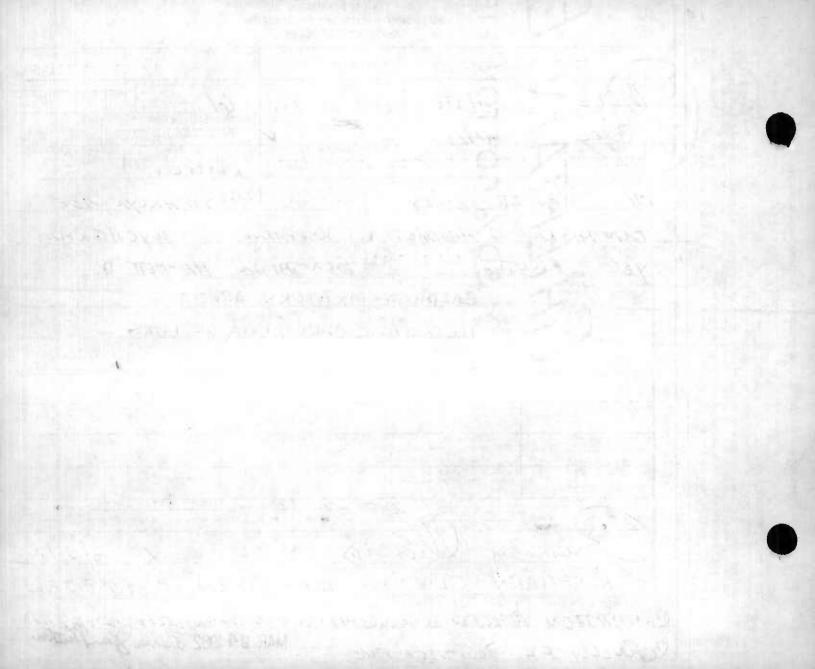
DHMH-16 30M 2/80

(VRA 15, 4)

1 - STATE

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STATE OF MARYLAND



George J. Gonce 4001 Ritchie Hgwy

FOR

DHMH - 16 50M 1/81 (VRA 15, 4) STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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STATE OF MARYLAND

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DHMH - 16 50M 1/81 (VRA 15, 4)

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)	3 SE	Male	4 RACE White	S. DATE O	OF BIRTH 28°AY 1888	6. AGE (IN YEARS LAST BIR	THDAY) IF UN MONTH	DER I VEAR	IF UNDER 24 HRS. HOURS MIN.	
99	Si	IRTHPLACE (STATE OR FOREIGN COUNTRY) NY dersburg	76 CITIZEN OF WHAT COUN	MARRIE WIDOW	ED NEVER MARRIED DIVORCED	9 BALTIMORE CITY O		EATH	MD.	
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25	13a S	AL RESIDENCE HE NURSING HOME STATE BAL		BEFORE ADMISSION) TOWN LMOTE	13d INSIDECITY LIMITS? YES NO 1	13e STREET ADDRESS 4533 Sche	nley Rd.			
O Canin	14 FA	ATHER'S NAME FIRST Abraham J	MIDDLE LAS ackson Ha	ann	15 MOTHER'S MAIDEN NA FIRST FMMa.	WIDOLE		LAS Ki		
medicol		VAS DECEASED EVER IN U.S. AI YES, NO PRUNKNOWN) (IF YES, GI	RMED FORCES? 166 SOCIAL 212 - 0	7-7954	Mrs. Paul Po	UAPPE odkey Sr. 13	ss Fridge 30 Baust	Chu	. 21/91 rch Rd.	
ijury, ar other troumatic	NO	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONS DUE TO, OR AS A CONS (c) CONDITIONS CONTRIBUTING	SEQUENCE OF COL	CAF Cenh Lenker NOT RELATED TO THE TERM	Leenea THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110				
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Item 21 is		270. I certify that (I) (this hasp saw the deceased five or obove, (Mitwendra) (did no 27b. SIGNATURE	of view the body ofter death.	19.82/0	nd that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN [MEDICAL STAR	ete ond haur ond		1	
MPORTANT: #	W.F	22d PHYSICIAN'S NAME (TYPE OF	GM NE	R	22e ADDRESS	1H 6	Balh	, /	45.	
-	23a 8	SURIAL, CREMATION, REMOVAL			EMETERY OR CREMATORY	23d LOCATION	insterco	Mrro	11 5198.	

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	FOR STATE REGISTI				ARTMENT OF I	EOF MARYLAN HEALTH AND MI FICATE OF DE	ENTAL HYG	REC	0 13 38£88Y	18/51	A SERI
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= (M) =	IAM	E		NEGRO	M3NT		1982	e. AGE (IIII EARS)	YRS.		OURS MIN.
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24 hours	MARYL.	A.ND	HOME OR OTHER INSTITU	13c. ANNA			NO []	13e 5TREELADBR	SLane		
1 620	FATHER'S N	OBERT	WIDDLE	YOUNGST		15. MOTHER'S /	SINSER	T MIDD		HANSBERR	Y
and	WAS DECI	WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS SINSERI HANSBERRY 5 Kirby Lane									olis, M
cee that the death certition goed by the attention physics (**) and the attention physics (**) are sent to certific the attention of the atten	Conditi gove couse underly	Ons, if ony, wrise to immed (a), stating couse	DUE TO	O, OR AS A CONSI	DIAC PEOUENCE OF		rioN	SYNDRO			TE INTERVAL ET AND DEATH
ALRECORD he low con on. hos be toperate che price owson,	CERTIFICATION 130 DATE	OF OPERATIO	19b. CC	ONDITION FOR WI	HICH OPERATIO	DN WAS PERFOR	MED	20a AUTOPSY?	IN CERTIF	, WERE FINDING YING CAUSES OF	
DIVISION OF VITAL RECORDS, 101 NG PHYSICIAN. The low equirer the other dip of physicion. I will the this certificate below by the physician of the physician physicia	OR CONT	RIBUTING CAU RIBUTING CAU RENOTIFY MEDICAL JRY OCCURRED NOT WHILE AT WORK	EXAMINER) PLATE HOU AT HOM	ME OF INJURY R. A.M. MONTH P.M. ACE OF INJURY AE, STREET, FACTORY, OF	19	21f. LOCATION STREET		ED (ENTER NATURE OF	INJURY IN ITEM 18 P	ART 1 OR PART 2)	STATE
ATTENDIN Ospiron or ECTOR: Af of for use of for use of Health m 21 is mo	saw abo	the deceased ve, 🔁 (we) (did	nis haspital) attended alive on 2:30 AM) (d. 1 - 4) view the l	13-2			., 19 <u>82</u> our) opinion c	eath occurred an t	3 - 2 he date and hou	r and from the co	
ITAL OR by the ho RAL DIRE detache state Dep		NATURE SICIAN'S NAM	The same of the sa	Rowe		PH PH	TENDING HYSICIAN	DIRECTOR PH		3-2	
TO HOSP etoined to TO FUNE should be with the B		PETI	ER C.	ROWE		22e ADDRESS	JOHN:	HOPKINS		BALTO	21205
BP	BURI			-1982		WN MEM.	PARK	Annapo	lis A.		land
DHMH-16 30M 2/80	24 FUNERAL D	AM BRES	E & SONS	MORTILARY	apolis,	Md.	25a. DATE	REC'D. BY REGIST	RAR 25) PEGIST	RAP'S SIGNATUS	stlen

1 of the Period Control of the Section

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 2b. HOUR IF UNDER 1 YEAR IF UNDER 24 HRS BALTIMORE CITY OR COUNTY OF DEATH 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES | 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)

DHMH-16 30M 2/80 (VRA 15, 4)

- STATE

DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

COUNTY

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STATE OF MARYLAND

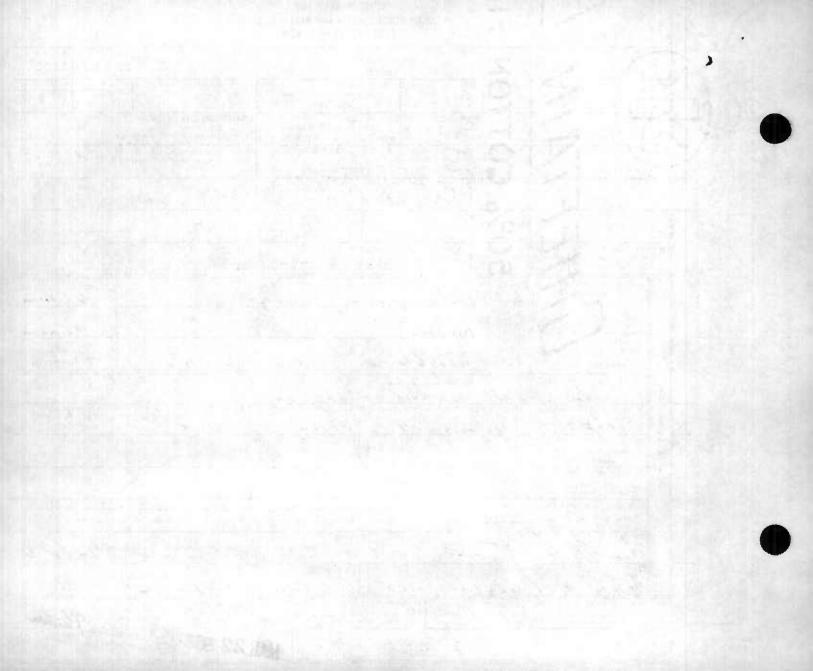
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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STATE OF MARYLAND



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Swith 3/24/88 King men. 3W Retto. . Co mo

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME TTYPE OR PRINTI 10:30 Harding March 10. 1982 Naomi A. 4. RACE 5. DATE OF BIRTH A AGE (IN YEARS LAST BIRTHDAY) 1 SEX White 60 Female In RIRTHPLACE ISTATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Baltimore City USA Baltimore. Md. DIVORCED [WIDOWED [ID CITY OF TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) Housewife Own Home South Baltimore Gen'l Hosp Baltimore USUAL RESIDENCE (IF NURSING FOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) LI36 COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 590 Terrace Avenue Md. Baltimore AA 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME ANDDIS MIDDLE Elsie Ross Walter Crue 17 INFORMANT ADDRESS 16n WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. (YES, NO OR UNKNOWN) LIEYES GIVE WAR OR DATEST William T. Harding, Husband, same APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY DUE TO OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (o), stoting ONSEQUENCE OF underlying couse CERTIFICATION 200 AUTOPSY? 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 21a ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a.1 certify that (1) (this haspital) attended the deceased from sow the deceased alive on. and that in (my) tour) apinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death MIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME LITTE OF PRINTE 22e. ADDRESS 108 Central Ave., N.W., Glen Burnie Wayne B. Tate, M.D. 23a. BURIAL, CREMATION, REMOVAL 236 DATE 23c NAME OF CEMETERY OR CREMATORY Burial 15 Mar. 82 Glen Haven Mem.Pk. Glen Burnie, 24 FUNERAL DIRECTOR

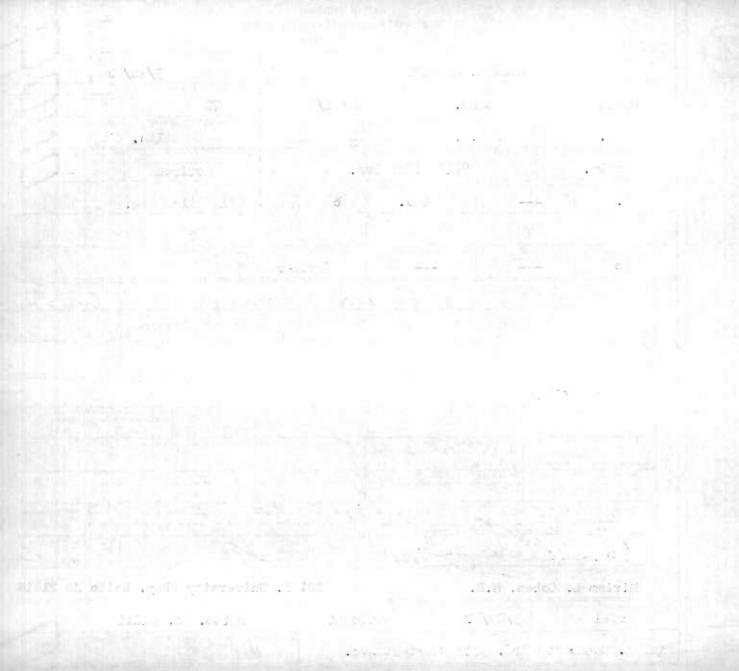
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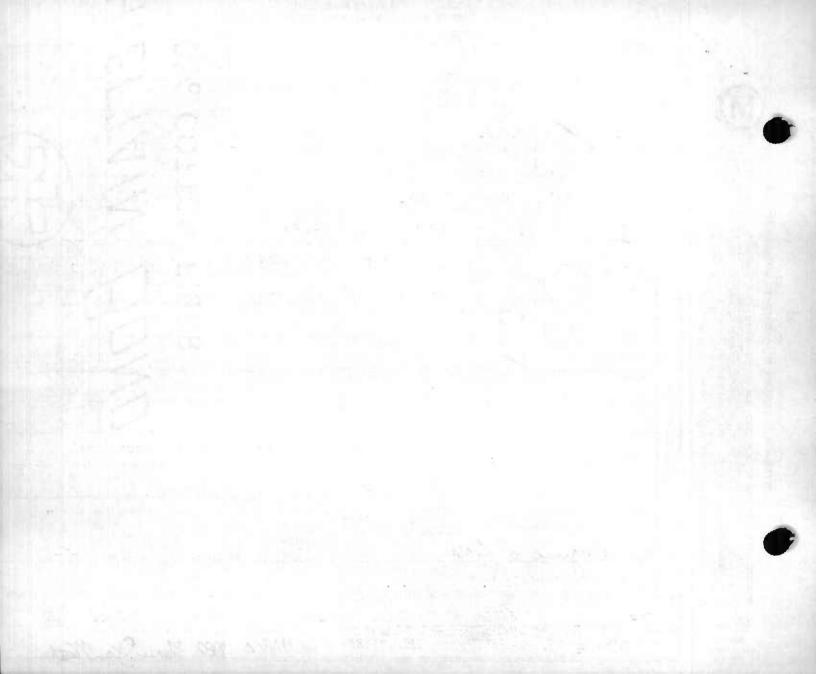
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1	(BA)	1	FOR STATE REGISTRAR	Di	PARTMENT	OF HEALTH AND MENTAL HYG RTIFICATE OF DEATH	REG. NO.	0 6 4 3 0				
			ECEASED NAME FIRST E OR PRINT)	ROSE L. HAR	DING	LAST	20. DATE OF DEATH MONTH DAY YEAR 20. HOUR 3/24/82					
	rector the	3. SI	Female	4 RACE Gauc.		DATE OF BIRTH MONTH 12/31/09 YEAR	6. AGE (IN YEARS LAST BIRTHDAY) 72 YRS.	IF UNDER LYEAR IF UNDER 24 HRS				
	where d di		SIRTHPLACE ISTATE OR FOREIGN Md.	76. CITIZEN OF WHAT COL	W.E	ARRIED NEVER MARRIED DOWED DIVORCED	9 BALTIMORE CITY <u>OR</u> COUNTY Balto.					
201	by the filled with		Balto.	(IF NOT IN SUCH FACILITY GI	Miles	Ave.	(Type of work for most of working lif Retired	12b. KIND OF BUSINESS OR INDUSTRY				
MARYLAND 2120	should be	130.	AL RESIDENCE (IF NURSING HOME OF STATE 136 COU!	NTY 13t CITY C	RIOWN	13d. INSIDE CITY LIMITS? YES P NO	130 STREELADDRESS 2717 Miles Ave	•				
MARY	Septembles and Septem	V		?	AST	15. MOTHER'S MAIDEN NA/	MIDDLE	LAST				
BALTIMORE,	is. Pages	160	WAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV	RMED FORCES? 16b SOCIA	L SECURITY	NO. 17 INFORMANT Brother	ADDRESS	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
ORDS, 301 W. PRESTON ST.	en signed by the attending physics. Then please remave carbon paper or to burial, cremation, ar remaval. injury, or other traumatic event, the	TION	Conditions, if ony, which gove rise to immediate couse to), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT (DUE TO, OR AS A CON (b) DUE TO, OR AS A CON (c)	NSEQUENCE NSEQUENCE	OF	INAL DISEASE OR CONDITION GIV	S MQ)				
ITAL REC	ysician cate has been cate has been cansit permit. Hygiene prior 8 shows any	CERTIFICATION	190. DATE OF OPERATION		WHICH OPER	ATION WAS PERFORMED	20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO					
DIVISION OF VITAL RECORDS, 301	or attending physical actions of a steel this certifical et as the buriol-transition and Mental Hymorked or Item 18	MEDICAL C	OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	HOUR A.M. MONT		19 211 LOCATION	CITY OR TOWN	COUNTY STATE				
ONATIVE GO LATINGS OF	TO FUNERAL DIRECTOR: A should be detached for use with the State Dept. of Healt MAPORTANT. If them 21 is me		22a. I certify that (I) (I has haspi saw the deceased alive an above IV live it is lated to 22b. SIGNA U.E.	PRINT	from	DEGREE ATTENDING PHYSICIAN 2 22e. ADDRESS	death occurred on the date and hour	3-26-82				
307	BP	230 (Miriam L. Col Burial, CREMATION, REMOVAL SPECIFICATION			OF CEMETERY OR CREMATORY National	Jniversity Pkwy. 1734 LOCATION Balto. Md. 212					
	-16 60M 7/73 (R A 15 (4))	24 FI	UNERAL DIRECTOR ULAME. Chenoweth	3rd. 3617 °C		25a, DATE	MAR 3 O 1982					



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20 DATE KNOWN (TYPE OR PRINT) ESTI-Ruth Hardt DEATH MATED 4 RACE 5. DATE OF BIRTH AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED June 14,1892 Female White 89 DEAD 82 70 BIRTHPLACE ISTATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) U.S.A.Mass. Baltimore City. WIDOWED (2) DIVORCED 10. CITY OR TOWN OF DEATH 20 USUAL OCCUPATION (TYPE OF WORK 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 126 KIND OF BUSINESS FOR MOST OF WORKING LIFE)
Homemaker 2, AND 3 TO 3. RETAIN PA SHOULD BE Baltimore Sinai Hospital USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Balto. City 13d. INSIDE CITY LIMITS? 2722 Silver Hill Ave. YES DO 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME Berlin T. PAGES 1 AND DIVISION OF VIT Mamie E_{\bullet} 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 7. INFORMANT MORES Silver Hill Ave. Mr. David A. Cline Baltimore, Md. 21207 215-09-2747 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Arteriosclerotic Cardiovascular Disease DUE TO, OR AS A CONSEQUENCE OF USED AS A BURIAL - TRANSIT OF HEALTH AND MENTAL HYC RIAL, CREMATION, OR REMO' Canditians, If any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0) Rupture of esophagus during resuscitation WRITING THE WOLLD ARDED TO THE CHIEF AGE 3 SHOULD BE USED ATE DEPARTMENT OF HE 1201 PRIOR TO BURRIAL, 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES XX NO 71a EXTERNAL CAUSE WAS 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

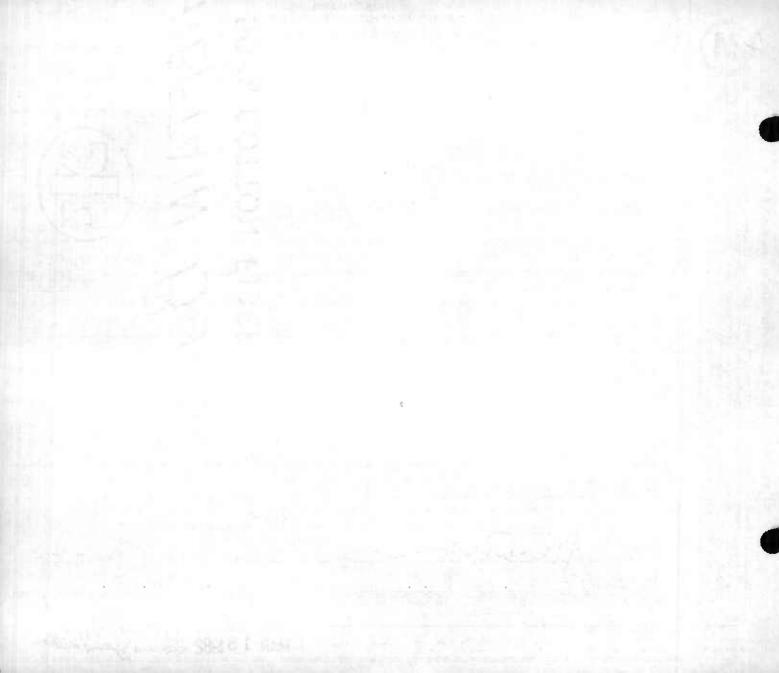
esophagus ruptured during resuscitation 21b. TIME OF INJURY HOUR A.M. MONTH DAY UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 1 0:10xxx 3 21e PLACE OF INJURY (AT HOME. 21d. INJURY OCCURRED 21f. LOCATION STREET, FACTORY, FARM, ETC. WHILE AT WORK enroute to hospital EXECUTE THE CERTIFICATE, WR PAGE 4 SHOULD BE FORWAR TO FUNERAL DIRECTOR: PAGA AFTER DEATH, WITH THE STATE BALIMORE, MARYLAND, 2120 Baltimore. Maryland Autopsy XX 22a. I certify that I taak charge of the remains described above, held an Inspection Inquiry and in my apinion Accident XX death resulted fram: Suicide Hamicide Undetermined manner TITLE (SPECIFY) Assistant MEDICAL EXAMINER 3-3-82 Virginia L. Dolan, M.D. III Penn Street 230. BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION
CITY OR TOWN
Woodlawn STATE Burial Woodlawn Cemetery 3/5/82 Balto. 24 FUNERAL DIRECTOR Loring Byers Funeral Directors 125a. DATE REC'D. BY REGISTRAR **DHMH-17** 8728 Liberty Rd. Randallstown, Md. 21133 MAR (VR A15 ME (5) 15M 2/80



	Γ.	FOR - STATE REGISTRAR	DEP	PARTMENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH		0 0 .
	1. DE	CEASED NAME FIRST	WIDDLE	LAST	REG. NO.	DAY YEAR 26 H
	{TYP	Kather.	1012	HATE	3	26 82 4
-	1.58		4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UN
m		Female	white	MONTH DAY YEAR 25 05	76 YRS.	MONTHS DAYS HOU
瓜儿	1 8	IRTHPLACE (STATE OR FOREIGN)	76 CITIZEN OF WHAT COUN	VTRY? 8	9. BALTIMORE CITY OR COUNT	
3	1	Md.	U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimore (Citv
2	10 C	ITY OR TOWN OF DEATH		URSING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	12b. KIND OF BUS
5/	13	altimore	mercy I	Hospital	Home maker	LIFE) INDUSTRY
1	USU	AL RESIDENCE (IF NURSING HOME OR CESTATE 136 COUNTY	TY 13c CITY OR	TOWN 1134 INSIDE CITY LIMITS?	13c STREET ADDRESS	
35		Md	- Balt	timore YES ▼ NO □		zim Rd
Min	14 F	ATHER'S NAME FIRST N	AIDDLE LAS	IS. MOTHER'S MAIDEN NA	ME	LAST
320		⊉ nton		roder Kathe	erine	_
medica		VAS DECEASED EVER IN U.S. ARN YES, NO OR UNKNOWN) (IF YES, GIVE	MED FORCES? 16b SOCIAL	SECURITY NO. 17 INFORMANT	ADDRESS	
E		no	212-0	09-0820 Phyllis Br	colle (niece)	Perry Ha
Ť.		18 CAUSE OF DEATH (Enter only	y one couse per line for (a), (b), and (c)		BETWEEN ONSET
C >		PART I. DE ATH WAS CAUSED	CAUSE (0) Medast	stic Ovarian Curce		
afic		1830	DUE TO, OR AS A CONS			
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2004	1	FOR			DEPART	STA MENT OF		ARYLAN		YGIENE		1	16		7	3
MAR		STATE REGISTRAR	ATE AAPDICAL EVANABLEDIC CERTIFICATE OF DEATH										~			
KIMI)	I. DE	CEASED NAME E OR PRINT)	ASED NAME FIRST MIDDLE			LAST 20. DATE KNOWN					NOWN V				2b. HOUR	
SAME	(117	E OR PRINT)	CLARA	RA H					5	1.50	OF DEATH A	AATED	3	13 19	82	M
돌고등	3. SEX		4. RACE	5. DATE OF BIRTH	YEAR	6. AGE (IN YE LAST BIRTHD	ARS IF UN		IF UNDER		C. DATE	ED	MONTH	DAY	YEAR 3	1:13
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S NE S PUN S Pun P	10. CI	TY OR TOWN	MD OF DEATH	11. NAME OF HOS	USA	RSING HOM	WIDOW		DIVORC		Bal T AL OCCUPA	IMOTE		126 KIND	OF BUSIT	MD.
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RE, MD. 21201 EATH. IF ANY DELAY IS NECESSARY, PLESES 1, 2, AND 3 TO THE FUNERAL DIRECT A PM 3. RETAIN PAGE 5 FOR YOUR FINAND 2 SHOULD BE FILED, WITHIN 72 HOLY STATE OF THE PROPESSION STREET OF TH		TATE MD	(1F IN NURSING HOME O	DR OTHER INSTITUTION, GI	13c. CITY	OR TOWN		13d. INSIDE CIT	TY LIMITS?	13e. STRE	ET ADDRESS	Mull	ikin	Ct.		
MD. MD. M. 3.	14. FA	THER'S NAME		MIDDLE				15. MOTHE			MIDE	DLE _		LAST	,	
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BALTIMORE, S. AFIER DEA GIVE PAGES TITH FORM P PAGES I AN IVISION OF Y	16a. V	VAS DECEASEI ES, NO, OR UNKNO NO	D EVER IN U.S. AR/	MED FORCES? WAR OR DATES) 16b. SOCIAL SECURITY N/A			Y NO.	17. INFORMANT ADDRESS Sylvia Jayroe 1407 Mu						ıllikin Ct.		
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, A F. THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH F. WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES I, RWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM F. PAGE 3 SHOULD BE USED AS A BURRIAL-TRANSIT PERMIT, PAGES I AND STATE DEPREMENTO FEMILH AND MENTAL HYGIENE, DIVISION OF VITAL F. 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.		Condition gave ris	ATH WAS CAUSE	TE CAUSE (a)	Arter AS A COM	i OSCLEI	OF	: card	iovas	cular	dise	ase		APPRO BETWEEN	XIMATE IN I ONSET AN	TERVAL ND DEATH
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DIVISION THIS CERTIFIC WRITING TH WARDED TO WARDED TO AGG SANOU TATE DEPARTO 21201 PRIOR	MEDICAL	21d. INJURY C WHILE AT WORK	NOT WHILE C	21e PLACE STREET, FAC	OF INJURY TORY, FARM, E			CATION			CITY OR TOWN		COL	YINI		STATE
TO MEDICAL EXAMINER: 1 EXECUTE THE CERTIFICATE, POEGE 4 SHOULD BE FORV TO FUNERAL DIRECTOR; AFTER DEATH, WITH THE SIS		ACTUAL SKGNATURE	ed fram: Natur	ge of the remains determined to the remains determined tof the remains determined to the remains determined to the remains	Accident		Autap icideM	TITLE (SF	ecify) istan	Undete	Inquiry I	ner ,	DATE SIGNE	3-1	4-82	
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n/op SP	24 F	UNERAL DIREC			12 12 12				250. DATE	REC'D. BY	REGISTRAR			IGNAHURI		
DHMH-17 {VR A15 ME (5) } 15M 2/80	W	m. C.	March I	F/H 110	1 E.	Nort	h Av	re.	MAR	16	1982 2	Pance	0)4	in/ke	Their	



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DHMH-16 30M 2/80 (VRA 15, 4)

4905 York Road Balto., Md.

REGISTRAR

STATE OF MARYLAND

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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1	1 -	STATE REGISTRAR		CERTIF	ICATE OF DEA	ATH	REG. NO.		
		CEASED NAME FIRST	MIDDLE	11	LAST	, ,	20. DATE OF DEATH MONTH DA	YEAR	26 HOUR
-11		George.	wm.	HA	RMAN,	Sno	3 14	1982	9 PM
	3. SEX	MALE	White	5. DATE C		YEAR 1910		FUNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN
2		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COL	NIRY? 8	D . NEVER MAR		9 BALTIMORE CITY OR COUNTY	OF DEATH	
5		FUSA Pa.	USA.	WIDOWE			city		MD.
1-	10. CI	TY OR TOWN OF DEATH	1. NAME OF HOSPITAL,	NURSING HOME O	OR OTHER INSTITU	NOIT	12a USUAL OCCUPATION (#XPE OF WORK FOR MOST OF WORKING LIFE)		OF BUSINESS OR
13	B	ALTIMORE			General	Hosp.	Machine Operator		House
3	130 S	anyland home	Arunded BALH	RTOWN	7.7.		130 STREET ADDRESS 169 Carvel Beac	h Rd.	21226
7/	14 FA	THER'S NAME FIRST	Wildbrig " I	AST	15. MOTHER'S M	AIDEN NAM	WIDDLE .	- W	4
4	/	George	W. HA	RMAN	ESTEL	LE	Le.	Bon XX	DOXX.
2	16a V	VAS DECEASED EVER IN U.S. AR res, no or unknown) (IF yes, give	WAR OR DATES)	-10-8293	Joan Ste	enmen	4412 Glenmone Ave	, Balt	21206 to., Md.
		18 CAUSE OF DEATH (Enter on		(b), ond (c)				APPROX BETWEEN	MATE INTERVAL ONSET AND DEATH
		PART I. DEATH WAS CAUSE IMMEDIAT	TE CAUSE (a)					-	
		4100	DUE TO, OR AS A COL	SEQUENCE OF .					
		Conditions, if ony, which		cardial .	Infarctu	оч			
		gove rise to immediate cause (a), stating the	DUE TO, OR AS A GOI	SEQUENCE OF .			10		
30	0	underlying cause last	(10) Arte	roskleroti	c (Sydions	Scular	d136976 .		
Ħ	NO	PART 2 OTHER SIGNIFICANT (CONDITIONS CONTRIBUTION	NG TO DEATH BUT	NOT RELATED TO	THE TERMI	inal disease or condition give	N IN PART 1	01
2	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR	WHICH OPERATIO	N WAS PERFORM	ED			NGS USED S OF DEATH?
0	CER	210. ACCIDENT WAS UNDERLYING		TH DAY VEAD	21c. HOW INJUR	RY OCCURR	ED (ENTER NATURE OF INJURY IN ITEM 18, PAR	T 1 OR PART 2)	
7	AL	OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER)	ATT.	19					
1	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY	OFFICE, FARM, ETC.)	211 LOCATION STREET		CITY OR TOWN	COUNTY	STATE
		22a I certify that (I) (this hospi saw the deceased alive on above, (I) (we) (did) (did no	3/14/82	_190	nd that in (my) (ou	r) opinion d	teath accurred on the date and hour		that (I) (we) lost causes stated
	3	226. SIGNATURE			DEGREE			22c. DATE	SIGNED
		Sawayan	~			SICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	3/1	4/82
1		22d. PHYSICIAN'S NAME (TYPE O	R PRINT)		22e ADDRESS		n J. a.	10	
1		SHNTAYAN	A.		1055 CH	raring	1124tin CT- Apl	-6.	
	23a B	SPECIFYLA	23b. DATE	23c. NAME OF C	EMETERY OR CRE	MATORY	23d. LOCATION	OUNTY	STATE
	(3	Burial	3/17/1982	Meadown	idge Mem	. Pank		wand.	Md.
	24 FL	INERAL DIRECTOR Mtn. &	Lick Neck Re				REC'D. BY REGISTRAR 256. REGISTR.		URE
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STATE OF MARYLAND

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MPOHTANT: II III II 21 is marked or Item 18 shaws any injury, ar other traumatic event, the medical TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and cannot be detached for use as the burial-transit permit. Then please remove carbonopapers: Pages the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

STATE OF MARYLAND

	1-	FOR - STATE REGISTRAR	DEPAR	TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	YGIENE B REG. NO.	0 6 4 3 7	
ij		CEASED NAME FIRST	MIDDIE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR	
	TITPE	MAXWEL!	L y.	HARPER	MARCH 03	22 82 820	
ñ	3. SE	X	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS	
U		MALE	NEGRO	JUNE 16 1909	72 YRS	MONTHS DATS HOURS MIN.	
2	70 BI	RTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	9 BALTIMORE CITY OF COUNT	TY OF DEATH	
1	501	UTH CAROLINA	U.S.A.	WIDOWED DIVORCED	BALTIMORE	CITY	
1	10 51	OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRE	ING HOME OR OTHER INSTITUTION ET ADDRESS)	170 USUAL OCCUPATION (TYPE OF WORKING	196 KIND OF BUSINESS OF	
5	13a. S	AL RESIDENCE (IF NURSING HOME OR STATE 13b COUN			1385 REET ADDRESS BENT	ALOU ST 21216	
0	14 FA	ATHER'S NAME EIRST	MIDDLE LAST	15. MOTHER'S MAIDEN N	AME		
	1	JOHN	HARPI	er emma	MIDDLE	JEFFERSON	
		VAS DECEASED EVER IN U.S. AR	VE WAR OR DATES!		ADDRESS	Street	
1			II 239-03	-8347 CATHLEEN	V. HARPER/807	N. Bentalou	
١		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	ally one couse per hie for all, (b), o	ond ich he o	0115	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
4			TE CAUSE (o) 1 GCV	re myse.	morare	N N	
	13	4960	DUE TO, OR AT A CONTO	MENCE +			
	99	Conditions, it ony, which	((b) ,	y. tayl	we		
3	14	gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQU	UENCE OF OO			
		underlying cause lost.	(c)	COST	1		
	Z	PART 2. OTHER SIGNIFICANT C	IVEN IN PART 110				
-	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED		
7	TIFIC					IFYING CAUSES OF DEATH?	
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		OR CONTRIBUTING CAUSE OF DEA		DAY YEAR			
	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY	211 LOCATION			
-	×	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE	FARM, ETC.) STREET	CITY OR TOWN	COUNTY STATE	
9			tol) attended the deceased from	19/03 1980	- to 07/77	19 30 that (1) (we) lost	
3		sow the deceosed olive on	1) view the body/after death.	8 . and that in (my) (our) opinion	n death occurred on the date and ha	our and Irom the couses stated	
1		771 HIGNATURE	I view the body/after deoth.	DEGREE		ZZC DATE SIGNED	
1		Sim	mes	ATTENDING PHYSICIAN	MEDICAL STAFF		
1		274 PHY ICIAM'S NAME THE O	a may()	72e ADDRESS -	//	10	
	he	NILVIO	House	Snin	U HOSP	MX	
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1	1000	BURLAL	03/25/82 AI	RBUTUS MEM PARK	ARBUTUS I	BALTO MD"	
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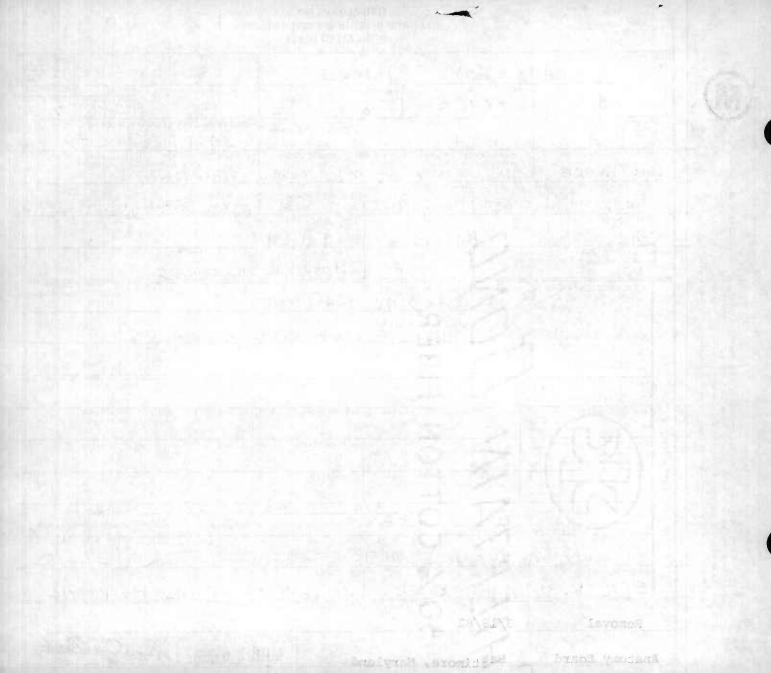
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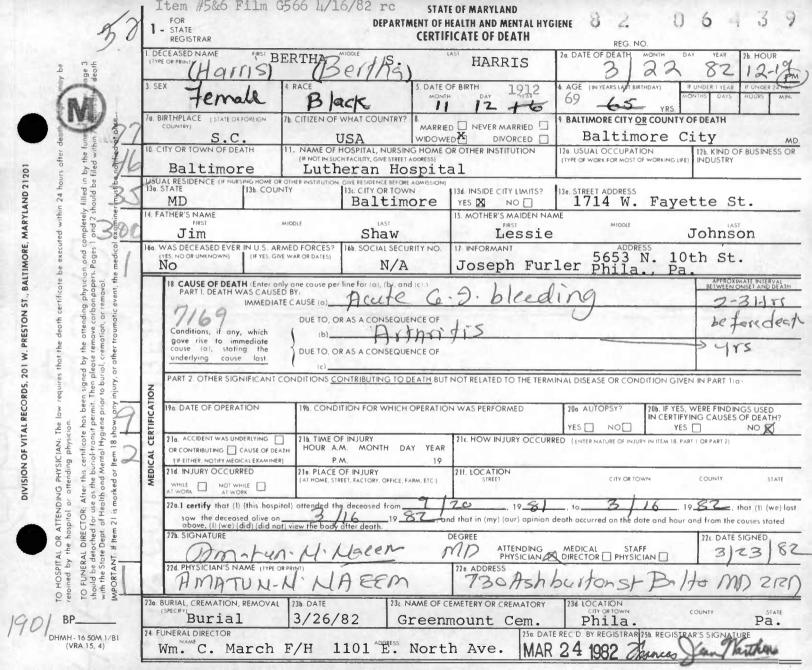
hospital or attending physician.

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		FOR STATE REGISTRAR		DEPA	RTMENT OF H	E OF MARYLAND EALTH AND MENTA ICATE OF DEATH		HE 8 2	0	6 4.	38
1		DECEASED NAME	BABY	BOY	HA	RRIS	20	DATE OF DEATH	MONTH DA	YEAR 2 2	1235 1235 AM
(M)	3.	MALE	4 RACE	LACK	5. DATE O	OAY YEA		AGE (IN YEARS LAST BE	MO		HOURS MIN
1	9	BIRTHPLACE (STATE ORFO		NOF WHAT COUNTI	MARRIE		ED 25	BALTI BALTI		F DEATH	MD
by the f	8 10	BALTIMOR	E UN	IN SUCH FACILITY, GIVE STI	REET ADDRESS)	or other institution MD, Ito:		O USUAL OCCUPAT TYPE OF WORK FOR MOST NEW B1	OF WORKING LIFE)	12b. KIND OF INDUSTRY	BUSINESSOR
within 24 hour letely filled in d 2 should be f	5	SUAL RESIDENCE (IF NURSI) MD.	RINLE GE	13 CITY OR TO		134 INSIDE CITY LIM	X	STREET ADDRESS	st. Hgt	s. Pkw	y. #6
omp l on	0	FATHER'S NAME FIRST EARL	MIDDIE	HARRI	5	15 MOTHER'S MAID		WIDDLE		IAST	
be execu an and c	2 "	WAS DECEASED EVER I (YES, NO OR UNKNOWN)	N U.S. ARMED FORC	TEST	NE	HOSPIT	AL	RECORT			
certificate ng physici ban poper removal.		18 CAUSE OF DEATH PART I. DEATH W	I Enter only one cour AS CAUSED BY: IMMEDIATE CAUSE (C 1.0	DIAC	FAILU	IRE			APPROXIMA BETWEEN ON:	TE INTERVAL SET AND DEATH
e death ce e ottending move carbi notion, ar r fraumotic.		Conditions, if any, gave rise to imm	which ediote	(b) MUL	QUENCE OF	CONGEN	ITAL	ANOMA	ALIES		
gned by the property of property of property or other		underlying cause PART 2 OTHER SIGN	last.	c)		NOT BELLIED TO THE	IS TERMINA	U DISEASE OR COL		2000	
been si mit The prior to ony inju	7	19a DATE OF OPERAT		ONDITION FOR WHI				20a AUTOPSY?	20b. IF YES, V	VERE FINDING	S USED
The I	4	210 ACCIDENT WAS UNDE		ME OF INJURY		21c HOW INJURY O		YES NO	YES [NO [
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or atten After these as the colth and marked	1	WHIE NOT WHI AT WORK 220.1 certify that (I) ((ME STREET, FACTORY OFFI		STREET	82	CITY OR TO	OWN	BZ the	STATE at (I) (we) last
OR ATTEN e hospitol DIRECTOR: oched for us Dept. of He		saw the decease		1 10 10	82, on	d that in (my) (our) o	ppinian dea	th occurred on the d	ote and hour a	nd from the car	uses stated
by the BRAL State State State		Exis (1. Van L	Sushine	, M.D	ATTEND PHYSIC 22e ADDRESS		MEDICAL STA		3/10	182
TO HOSPITAL retoined by to TO FUNERAL should be deter with the Stort	23	ERIC V	WAN EMOVAL 236 DAT	BUSKI		UNIVER	esit)	Y OF W	D. 140	SPITI	96
BP		(SPECIFY) Removal		18/82	ST WANTE OF C	EMETERT OR CREMA	TORY	ZITY OR TOWN		OUNTY	STATE
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Battimore, Maryland

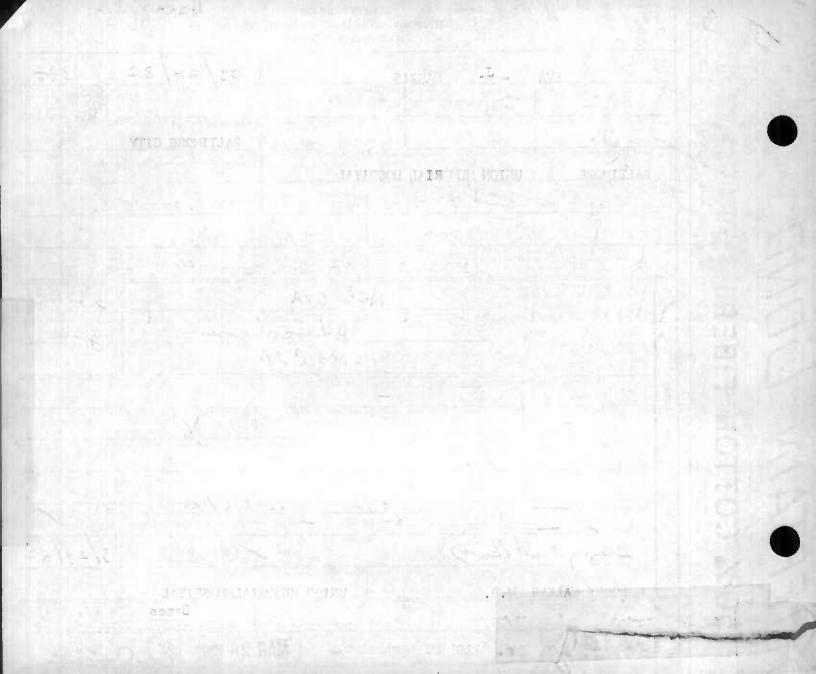




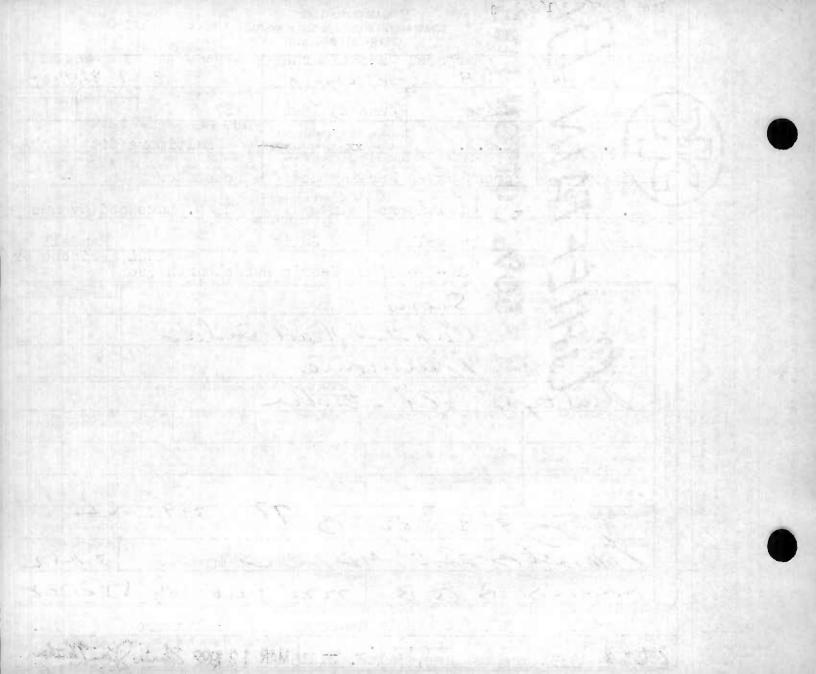
Ferrall Black 11 12 the 65 1

-	Poge	direct
	PERHAMENTAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death. Page	10 FUNERAL DRECTOR. After this certificate has been signed by the attending physician and completely filled in by the lactual direct insold be detached for use or the burial-transf permit. Then please ember carbon papers. Pages 1 and 2 should be filled with 2 mount with the State Dept at Health and Method Hygiene prior to burial, cremotion, or removal.
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DIVISION OF VITAL RECORDS, 201 W. PRESION ST., BALLIMORE, MARYLAND 21201	iobas	10 FUNERAL DIRECTOR. After this certificate has been signed by the attending physics insuld be denothed for use or the burial-transit permit. Then please embare carbon pages with the State Dept. of Health and Mental Hygiene print to burial, creatation, or removal
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4	N. Th	Hype
ON C	MSICU Ang p	s certification
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	FIG HOSPITAL OR ATTENDING PHYSICIAN, The Personal by the hospital or attending physician	Pure property
1.7	81	553

3		FOR STATE REGISTRAR	4/1/82		MENT OF H	E OF MARYLAND IEALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 HARRIS	1 6 4 4
26		CEASED NAME FIRST CORPRINT)	7	MIDDLE HARR		AST	REG. NO. 20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
of the party of th) SE		4. RACE Black		S. DATE C		6. AGE (INTEARS LAST BIRTHDAY) 83	IF UNDER I YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
1 BU		RTHPLACE (STATE OR FOREIGN COUNTRY) Md.	USA	WHAT COUNTRY?	WIDOWE		9 BALTIMORE CITY OR COUNT BALTIMORE CIT	
44		BALT IMORE	UNION	CHEACILITY, GIVE STREET,	HOSP	OR OTHER INSTITUTION	12a USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING	12b. KIND OF BUSINESS OR INDUSTRY
155		AL RESIDENCE (IF NURSING HOME OF TATE Md 136 COL	DROTHER INSTITUTION	13c. CITY OR TOW Balto.	ADMISSION)	13d. INSIDE CITY LIMITS? YES MO	1908 W. Lanva	le St.
300)	Noah	W	Jones		Martha	MIDDLE E.	LAST
r medic	16a V	VAS DECEASED EVER IN U.S. A (ES NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATES)	159-34-9		Chrindia M.		Lanvale St
Then please embre corbon in burial cremation or ele- istry, or other fraumatic ev-	ION	Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause lost	(b)	OR AS A CONSEQUE	NCE OF	old CVX	lurosis I INAL DISEASE OR CONDITION G	YEAR IN PART 110.
2	CERTIFICATION	190 DATE OF OPERATION			OPERATIO	N WAS PERFORMED	YES NOW IN CERT	S, WERE FINDINGS USED IFYING CAUSES OF DEATH? ES NO
2000	MEDICAL CE	218, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER NOTIFY MEDICAL EXAMIN 214 INJURY OCCURRED NOT WHILE AT WORK	EATH HOUR A. ER) P. 21e. PLACE	DF INJURY ,M. MONTH DA ,M. OF INJURY REET, FACTORY OFFICE, E	19	216 HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2) COUNTY STATE
m 21 is mor		220 I certify that (I) (this host saw the deceased alive a abave, (I) (and) (did) (did 22b. SIGNATURE	n 3/2	4 19			to 3 / 24 death accurred on the date and ha	
State Der		Gregory J.	It lke	Com		ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	3/24/82
d blued a	230 0	GREGORY WALKI	R M.D.	22.	IAME OF C	UNION MEMO	RIALHHOSPITAL	
_	(Burial	3/29/			EMETERY OR CREMATORY Macedonia Ch	23d. LOCATION Dates PETITICOES AND ERECD. BY REGISTRAR 25b, REGIS	Md
50M 1/81 15, 4)	218.119	Wm C March F/H	, Inc.	1101 Ess N	Jorth	Ave. MA	R 26 1982 Trans	Qualles Clan



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		1-	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND ME CERTIFICATE OF DE	ΔTH	
e 64			TEASED NAME MAY	. , .	Hasselbar	REG. N	MONTH DAY YEAR 26. HOUR
poge ;			MAR		HASSELBARI	Th.	3 9-82/1501
tar, p	d	3. SE	Female	White	June 23 18	6. AGE (IN YEARS LAST BI	MONTHS DAYS HOURS
Poge direc hours		7a. BI	RTHPLACE (STATE OR FOREIGN	7b. CITIZEN OF WHAT COUNTRY?	8	O BALTIMORE CITY	YRS. PROUNTY OF DEATH
death.			Md.	U.S.A.	MARRIED NEVER MA	RRIED 🛄	cimore City
fer d with		10. CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	NG HOME OR OTHER INSTITU	UTION 120 USUAL OCCUPAT	ION 126. KIND OF BUSINESS
ors of	10		altimore	Forest Haver	Nursing Ho	ome Homemak	cer -
filled in		13a. S	TATE 13b. CO	OR OTHER INSTITUTION GIVE RESIDENCE BEFOR UNITY 13c. CITY OR TOW Baltir		LIMITS? 130 STREET ADDRESS 521 No.	Lakewood Avenue
etely 12 sh		14. FA	THER'S NAME	MIDOLE LAST	15. MOTHER'S A	AAIDEN NAME	
ompl	20		Harry	Cromwell		alia	Randell
execu			(AS DECEASED EVER IN U.S. A ES. NO OR UNKNOWN)	ARMED FORCES? GIVE WAR OR DATES) 216-09-		rge Hasselbart	h (son)
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ficate physic pape noval.	ì			only one couse per line, i.e. (p), (b), or SED BY:	q (cl.)		APPROXIMATE INTERVA. BETWEEN ONSET AND DE
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ation, c			Canditions, if any, which	DUE TO, OR CONSEQU	etwe Her	and Darles	0
the the		133	gave rise to immediate cause (a), stating the	DUE TO, OR AS SEONSEQU			
thot d by ease ol, cr		1/2	underlying couse last.	(c) Thee	emme	7	
signer signer plant plan		z	PART 2. OTHER SIGNIFIGAN	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT BELATED TO	THE TERMINAL DISEASE OR CON	DITION GIVEN IN PART 1(0)
been s	0	CERTIFICATION	19a DATE OF OPERATION	TION CONDITION FOR WHICH	OPERATION WAS PERFORM	AED 200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED
2 9 5 9 6	7	IFIC,	THE DATE OF GLERATION	IN CONDITION FOR WHICH	OF ERATION WAS PERFORM	YES \ NOT	IN CERTIFYING CAUSES OF DEATH?
The second	-	ERT	210. ACCIDENT WAS UNDERLYING		21c. HOW INJU	RY OCCURRED (ENTER NATURE OF INJU	
The lo	60						
N: The lo tysicion. cote hos ransit per Hygiene	9		OR CONTRIBUTING CAUSE OF E		AY YEAR		
The lo	1		OR CONTRIBUTING CAUSE OF E (IF EITHER NOTIFY MEDICAL EXAMIN 21d, INJURY OCCURRED	P.M. 21e. PLACE OF INJURY	19 211 LOCATION		
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ING PHYSICIAN: The Ic r attending physicion. After this certificate has as the burial-transit per lith and Amental Hygiene.	1		(IF EITHER NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 220.1 certify that (I) (this has	P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	AY YEAR 19 211 LOCATION STREET	city OR IC	OWN COUNTY STATE
ING PHYSICIAN: The Ic r attending physicion. After this certificate has as the burial-transit per lith and Amental Hygiene.	1		(IF EITHER NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 220.1 certify that (I) (this has	P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE.)	AY YEAR 19 231 LOCATION STREET	city OR IC	OWN COUNTY STAIL 9 , 19 52, that (I) (we) late and haur and from the causes stated
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AL OR ATTENDING PHYSICIAM: The Ic the hospital or otherding physicion. AL DIRECTOR: After this certificate has betached for use as the build-transit per attended for use of Health and Mental Hygiene. To the Health and Mental Hygiene.			(IF EITHER NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE NOTIWHILE AT WORK 220. I certify that (I) (this has saw the deceased almost above (I) (we) (did (did (i))).	P.M. 21e. PLACE OF INJURY (AT HOME. STREET, FACTORY, OFFICE, I pital) attended the deceased fram not View the body atter death.	PEGREE ATT PH	city OR IC	OWN COUNTY STATE 9 , 19 , that (I) (we) late and haur and from the causes stated
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1	REGISTRAR			CEKLIE	ICATE OF D	EATH	REG. NO				
		CEASED NAME FIRST		MIDDLE	ł	AST				YAY	YEAR	2b HOUR
	TYPE	BEATRI	CE		НА	SSETT		MARCH		24	82	11:03m
	1 SE	X	4 RACE		S. DATE C			6. AGE (IN YEARS LAST BIRTI			RIYEAR	IF UNDER 24 HRS
		Female	Whit	te	MONTH	DAY	96	86	YRS.	ONTHS	DAYS	HOURS MIN.
	Jr. B	IRTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	8.			9 BALTIMORE CITY OF		OF DE	ATH	
5		Md.	TT C	2 A	WIDOWE	D NEVER A	ARRIED \					
-	M. C	ITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN				Baltimo		it		MD. F BUSINESS OR
?<		0-74	TIF NOT IN SUC	CH FACILITY, GIVE STREET				TYPE OF WORK FOR MOST OF	WORKING LIFE	IND	USTRY	BOSHAESSOK
-		Balto. AL RESIDENCE (15 NURSING HOME	OR OTHER INSTITUTION	Home F		tal		Housewife	2			
1	13a :	STATE 185 CO	ALIAN	13c. CITY OR TOW		136 INSIDE C	TY LIMITS?	13e. STREET ADDRESS				
_	_	Md.	20140	Sparrow	s Pt	YES 🗌	NO 🔯		on A	ve		1
	4 FA	ATHER'S NAME FIRST	MIDDLE	LAST			MAIDEN NAM	WE			1 4 5 7	,
1	P	Charles	F.	Reede	r		inda	Model			Bai	n
7		WAS DECEASED EVER IN U.S. A	ARMED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMA	VT 16	527 Ingapes	side			Apt.12
d		TES, NO ON UNKNOWN)	SIVE WAR OR DATES)	217-03-	7200	Mrs.	Theo.			12		
		18. CAUSE OF DEATH (Enter	only one couse per	line far (a), (b), and	d (c).1					B	APPROXIA	NATE INTERVAL NSET AND DEATH
		PART I. DEATH WAS CAUS	SED BY: ATE CAUSE (0)	CAR	DIOPU	LMONARY	ARRES	T			1002	The Parity
		11016		DAS A CONSTOUE	NCE OF		4-1-					
	7	Canditions, if any, which	DUE 10, 0	r as a conseque	NCE OF	PI	NEUMONI	Α				
		gove rise to immediate cause (a), stating the	(6)									
		underlying couse last.	DUE 10, O	R AS A CONSEQUE	NCE OF							
		PART 2 OTHER SIGNIFICANT	CONDITIONS	ONTRIBUTING TO D	FATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE OR COND	TION CIVE	N (N) (I	ADT 1/-	
Ш	Z		2011011010	OTTRIBOTING TO B	227111	NOT KEENIED	TO THE TERM	INAL DISEASE OR COND	ITION GIVE	14 114 1	AKI IIO	
-	CERTIFICATION	190 DATE OF OPERATION	19b COND	ITION FOR WHICH	OPERATION	V WAS PERFOI	PMED	28a. AUTOPSY?	20b. IF YES,	WERE	FINIDINI	GSIISED
7	FIC				0, 2,,,,,,,		.,,,,,,		IN CERTIFY	ING C	AUSES	OF DEATH?
100	ERT	2 a. ACCIDENT WAS UNDERLYING	21b. TIME O	F INTUIDY		I 21c HOW IN	ILIBY OCCUPE	YES NO XX	YES			ио 🗌
1		OR CONTRIBUTING CAUSE OF D	110110	M. MONTH DA	Y YEAR	216.110 W 114.	OKI OCCORR	ED (ENTER NATURE OF INJURY	IN ITEM 18 PA	RTIORI	PART 2)	
	S	(IF EITHER NOTIFY MEDICAL EXAMIN			19							
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		AT WORK AT WORK				24	0	200 2 21			92	
- 1		22a I certify that (1) (this has		e deceased fram_	0000	-24	, 19		, 1	9	02, 1	hat (I) (we)last
П		saw the deceased alive or abave, (I) (we) (did)(did)	not View the body	oftendenth.	04.04	d that in (my)	our apinian d	death accurred on the dat	e and haur	and fr	am the c	auses stated
	1.3	226. SIGNATURE	1115)	11-1		EGREE					DATE S	
		Edward	V.VE	tella	M	1) 4	HYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIA			3-2	4-82
		22d. PHYSICIAN'S NAME (THE				22e. ADDRESS		IRCH HOSPITA		POR	ATIM	ON
	-	EDWARD P	LATIA			BAI		, MD. 21231				
	23n. B	BURIAL CREMATION REMOVA	1 23h DATE	1237 N	IAME OF C	METERY OR C						

DHMH - 16 50M 1/B1 (VRA 15, 4)

Burial

24 FUNERAL DIRECTOR

G. Truman

FOR - STATE

3-27-82

COUNTY

Md.

Schwab, P. A.

5151 Balto.Nat'l Pike #21229

Table on the delication of the second of the

Walley Branch FERNA MIT TERRITORY TO MANDE TO KINDAN STATE OF THE PARTY A THE STREET STREET, AS STREET, AS AND DESCRIPTION OF THE PARTY OF Surdal Arrive S. 82 Noroland Comordal Park Hilly & Veiler, Lac. 700 S. Conkling St. Lag Styck Coll & Lawy Steel

73-	37.4	1			STATE OF MARYLAND		
1 3 1 2 3		1.	FOR STATE	DEP	ARTMENT OF HEALTH AND MENTAL HY	GIENE 0 2 0 6 4	14
	8		REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
	e ω ξ		CEASED NAME FIRST	WIDDIE	LAST	20 DATE OF DEATH MONTH DAY YEAR 26	HOUR
accept.	orl.		ALIC	E	HATCHER	3/13/82	12 PM
	传统	3. SE		4 RACE	5. DATE OF BIRTH		UNDER 24 HRS
4 5	(M.)	F	-EMALE	BLACK	MONTH DAY YEAR 17 98	YRS. MONTHS DAYS HI	OURS MIN
	10 D		RTHPLACE (STATE OR EOREIGN	76 CITIZEN OF WHAT COUN	TRY? 8. MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DEATH	
	4 50		MD.	YUSA	WIDOWED DIVORCED	BALTO. City	MD.
E L	offer of wife to	10 C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU UE NOT IN SUCH EACHLITY, GIVES	DRSING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION 126. KIND OF B	USINESS OR
201	S 70 10 10	0	HLTO.	LUTHERAI	V Hosp.	THE OF MORE FOR MOST OF MORE HOUSE	
211	in 24 hou should be should be serfays be	130. S	AL RESIDENCE (18 NURSING HOME OF	OTHER INSTITUTION, GIVE RESIDENCE I		13e. STREET ADDRESS	
ANG	n 24 h		MD.	BA	YES NO		VE.
RYL	2 2 min	14. FA	THER'S NAME	MIDDLE	15. MOTHER'S MAIDEN N	ME MIDDLE CLAST	
BALTIMORE, MARYLAND 21201	D d d S		Liston	LA	VIS VIRGINIA		1 R
ORE	e execunand capes Pages	16a V	VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL :	SECURITY NO. 17 INFORMANT	ADDRESS	
T.			NO	- 213-	16-8992 Bonita Stoc	Kton 2701 wood An	dAve
BAL	physicio onpopers emovol.		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	nly ane cause per line for (a), (b), and ({i)	APPROXIMAT BETWEEN ONSI	E INTERVAL ET AND DEATH
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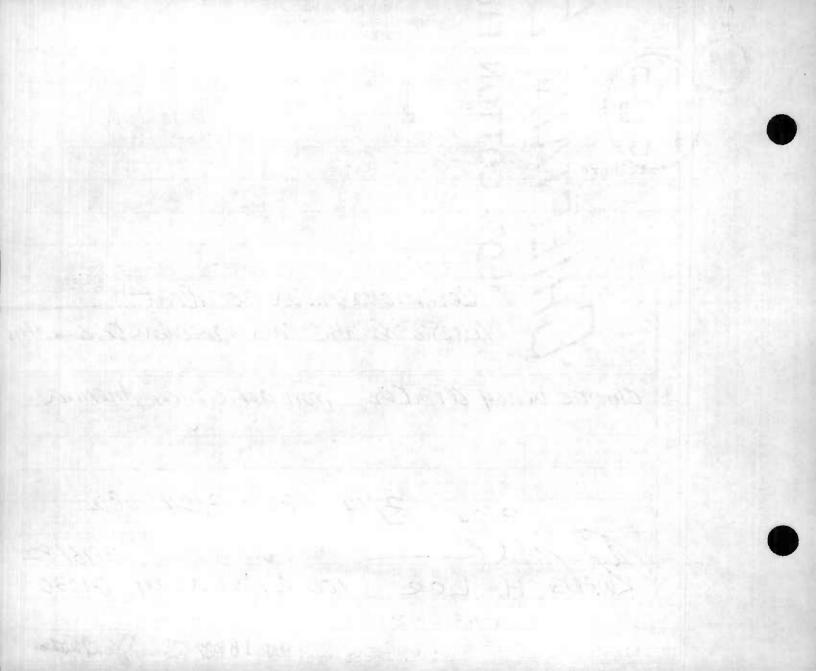
NUTTER FUNERAL HOME 3035 W. NURTH

STATE OF MARYLAND

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FOR



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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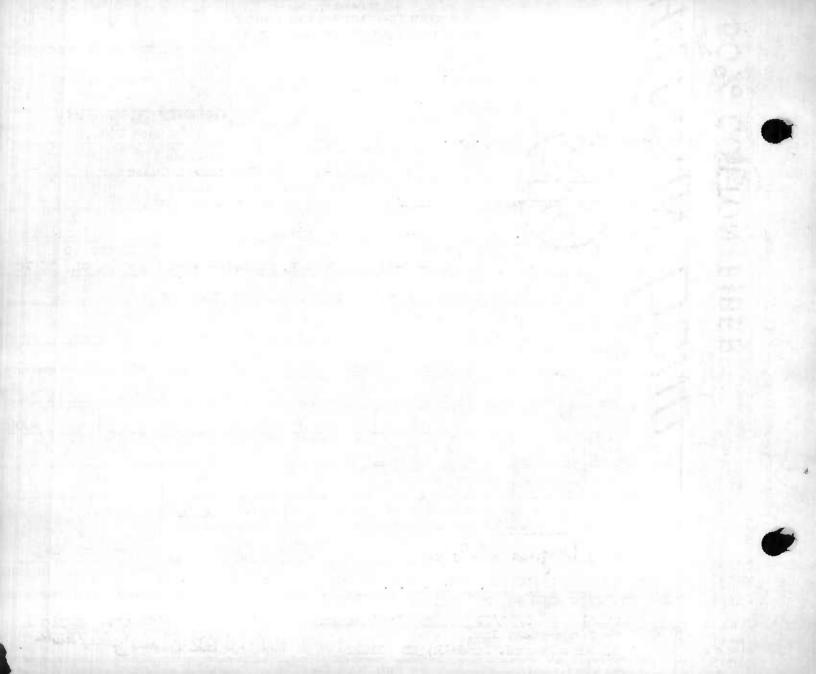
DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE KNOWNXX DECEASED NAME MIDDLE (TYPE OR PRINT) ESTI-OF JUNERAL DIRECTOR.

FOR YOUR FILES.

WITHIN 72 HOURS

PRESTON STREET, Lala DEATH MATED Haves 16 3. SEX 4 RACE 5. DATE OF BIRTH AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS 24 HOUR 6:27 24. DATE YEAR LAST BIRTHDAY) PRONOUNCED White DEAD 1982 Female 16 20 1907 74 a. M BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY Baltimore City. WIDOWED TO DIVORCED Pennsylvania U.S.A. 10 CITY OR TOWN OF DEATH 126 USUAL OCCUPATION (TYPE OF WORK IN NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 126 KIND OF BUSINESS FOR MOST OF WORKING LIFE OR INDUSTRY Baltimore Baltimore City Hospitals Restaurant Owner USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) COUNTY 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Maryland Baltimore 6 Oakwood Road Dundalk 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME LAST MIDDLE Albright G. Mease or USED AS A BURIAL - TRANSIT PERMIT. PAGES IN TO PHEATH AND MENTAL HYGIENE, DIVISION OF SEMOVAL. Cyrus Grace 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT ADDRESS RD Box 30 IYES, NO. OR UNKNOWNI LIFYES GIVE WAR OR DATES! No 204-14-0939 Iona R. Hummel - West Decatur, PA 16878 APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic Cardiovascular Disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. DIVISION OF VITAL RECORDS. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION 19a, DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? ICATE, WRITING THE WORI FORWARDED TO THE CH **TOR:** PAGE 3 SHOULD BE U THE STATE DEPARTMENT O AND, 21201 PRIOR TO BURA YES NOXX 21g EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 23 HOUR A.M. MONTH DAY UNDERLYING OR YEAR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME, 21f. LOCATION 21d. INJURY OCCURRED 1 TO MEDICAL EXAMNER: THIS CER EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 PI STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY WHILE AT WORK AT WORK 22a. I certify that I took charge of the remains described above, held an Autopsy Inspection and in my opinion Natural couses XX death resulted from: Suicide Homicide Undetermined monner TITLE (SPECIFY) Assistant DATE 3-16-82 SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME Virginia L. Dolan, M.D. III Penn Street 230 BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY Moreland Memorial 3/19/82 Burial Baltimore, Maryland 24 FUNERAL DIRECTOR Duda-Ruck, Inc. 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR & SIGNARY **DHMH-17** 7922 Wise Avenue, Dundalk, MD 21222 (VR A15 ME (5)) 15M 2/80

STATE OF MARYLAND



. 20	1.	FOR - STATE REGISTRAR	DEP	STATE OF MARYLAND PARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 2.	0 6 4 4 9
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neral dire.	7a B	IRTHPLACE (STATE OR FOREIGN COUNTRY) WASH D.C.	76. CITIZEN OF WHAT COUN	NTRY? 8 MARRIED NEVER MARRIED WIDOWED DIVORCED DIVORCED	9 BALTIMORE CITY OR CO	
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ST., BAL1 gratificate la physicio on papers remavol. event, the		18 CAUSE OF DEATH (Enter on PART I, DEATH WAS CAUSE IMMEDIAT	lly ane cause per line for (o), (l D BY: TE CAUSE (o)R	ESPIRATORY, CARDIA	C ARREST	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH S HINS.
DIVISION OF VIT AL RECORDS, 201 W. PRESTON ST NG PHYSICIAN: The low requires that the death certicated physician. After this certificate has been signed by the offending post the buriol-transit permit. Then please remove carbon th and Mental Hygiene prior to buriol, cremation, or renorded or them 18 shows any injury, or other troumatic events.	ā	Canditions, if any, which gave rise to immediate	DUE TO, OR AS A CONS	SEQUENCE OF ASPIRATION		24 HRS.
other the d by the lease rem fol, crems or other t		cause (a), stating the underlying cause last.	DUE TO, OR AS A CONS	SEQUENCE OF COMATOSE STA	ATE	1 MONTH
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PITAL OR by the hy the hy the hy the hy the hy the hy the detache detache Store Dep		226 SIGNATURE	A. Schrap	DEGREE ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	22. DATE SIGNED 3-6-82
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	DECEASED NAME FIRST	MIDDLE	LAST	2a. DATE OF DEATH MONTH DAY YEAR 2b. HOUR
	EL12	ABETH	HEINTZEN.	03-20-82 5.45
3	Female	4. RACE White	5 DATE OF BIRTH MONTH DAY YEAR 0 3 12 /4	6. AGE (IN YEARS LAST BIRTHDAY) FUNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN
35 10	BIRTHPLACE (STATE OR FOREIGN COUNTRY) Md.	76 CITIZEN OF WHAT COUNTRY?	* MARRIED NEVER MARRIED WIDOWEK DIVORCED	BALTIMORE CITY OR COUNTY OF DEATH BALTIMORE CITY OR COUNTY OF DEATH
	BALD MORE	11. NAME OF HOSPITAL, NURSIN US NOT IN SUCH FACILITY, GIVE STREET	G HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION 12b. KIND OF BUSINESS OF TYPE OF WORKING LIFE) INDUSTRY BANK
5/ 13	III. Sang	OTHER INSTITUTION GIVE RESIDENCE BEFORE NTY 13c. CITY OR TOW Spring1	ield 134 INSIDE CITY LIMITS? 15 MOTHER'S MAIDEN NA	
53	Carl	Dedere	r FIRST	ouise Becker
3 160	WAS DECEASED EVER IN U.S. AR	MED FORCES? 16b SOCIAL SECU (E WAR OR DATES) ???		ADDRESS
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CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO YES NO NO
9 8	710 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER	TH HOUR A.M. MONTH DA	Y YEAR 19 211: LOCATION	RED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART ?)
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	220.1 certify that (1) (this hospit saw the deceased alive on above, (1) (we) (did) (did no	tol) attended the deceased from		death occurred on the date and hour and from the causes stated
	226. SIGNATURE	RPRINT	DEGREE ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN
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73a	Burial, CREMATION, REMOVAL (SPECIFY) Burial		AME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OF TOWN STATE
24	FUNERAL DIRECTOR	tts l. Westin	ak Ridge inster, mol. MAR	Springfield Sangamon II E REC'D. BY REGISTRARIAN REGISTRANS SIGNAL STREET STREE

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George J. Gonce F.H. 4001 Ritchie Hgwy.

MIDDLE

- STATE

DHMH-16 50M 1/81 (VRA 15, 4)

REGISTRAR

FIRST

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO 2a. DATE OF DEATH MONTH 2b HOUR 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR BALTIMORE CITY OR COUNTY OF DEATH Baltimore City 12b. KIND OF BUSINESS OR Forklift Dperator Paper Board 133918 48th St. 21225 Whipp APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NOF (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CITY OR TOWN COUNTY STATE and that in (my) (our) opinion death accurred on the date and haur and from the causes stated 22c. DATE SIG DIRECTOR PHYSICIAN COUNTY STATE 25a. DATE REC'D REGISTRAR 256. REGISTRAR'S SIGNATURE

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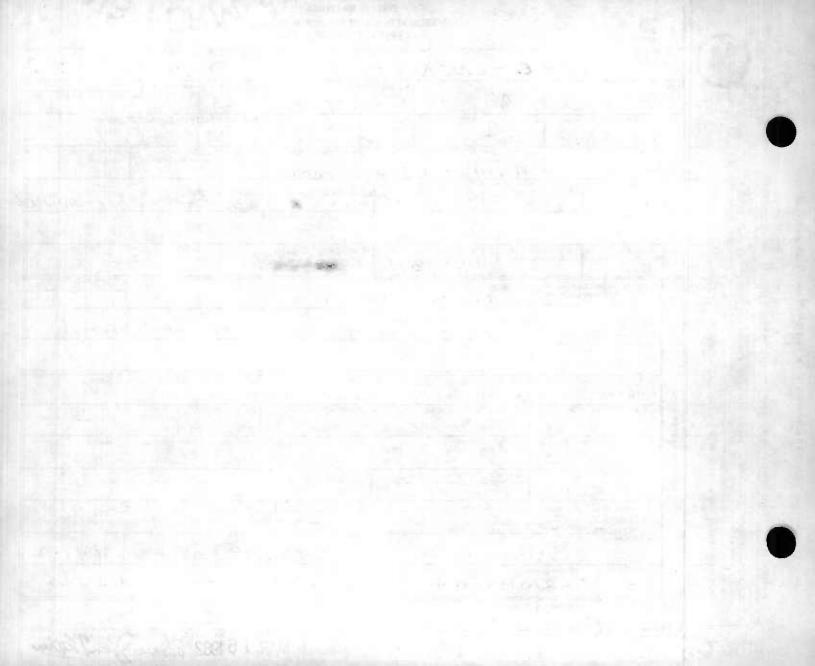
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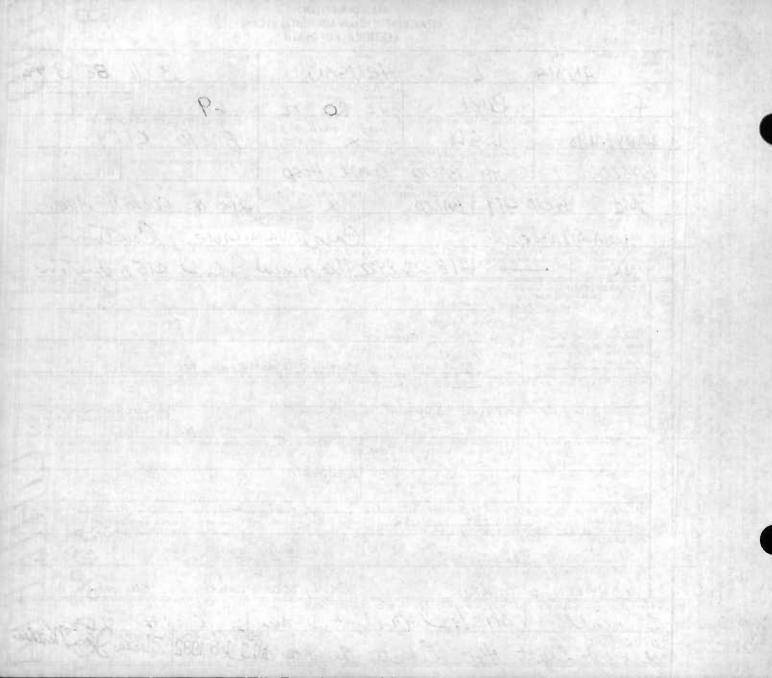
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

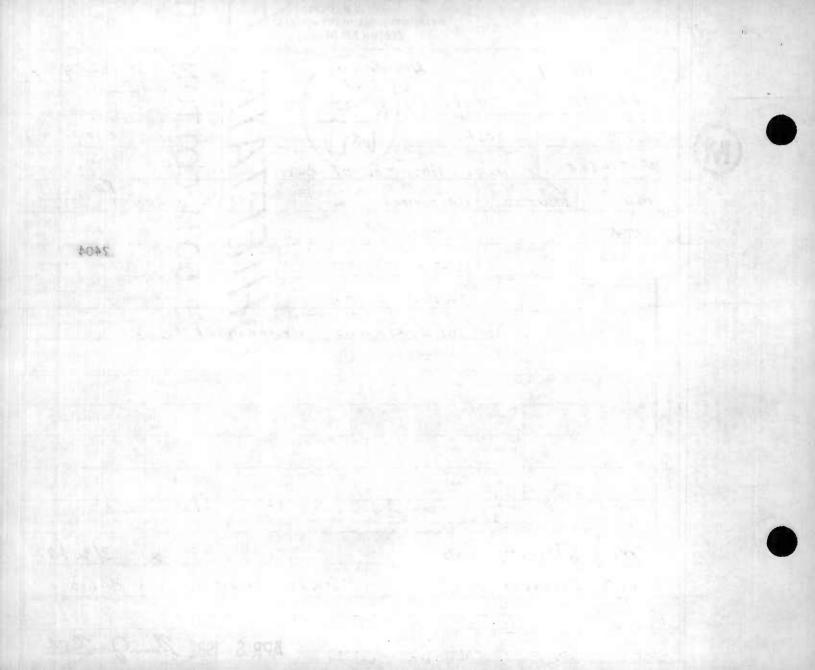
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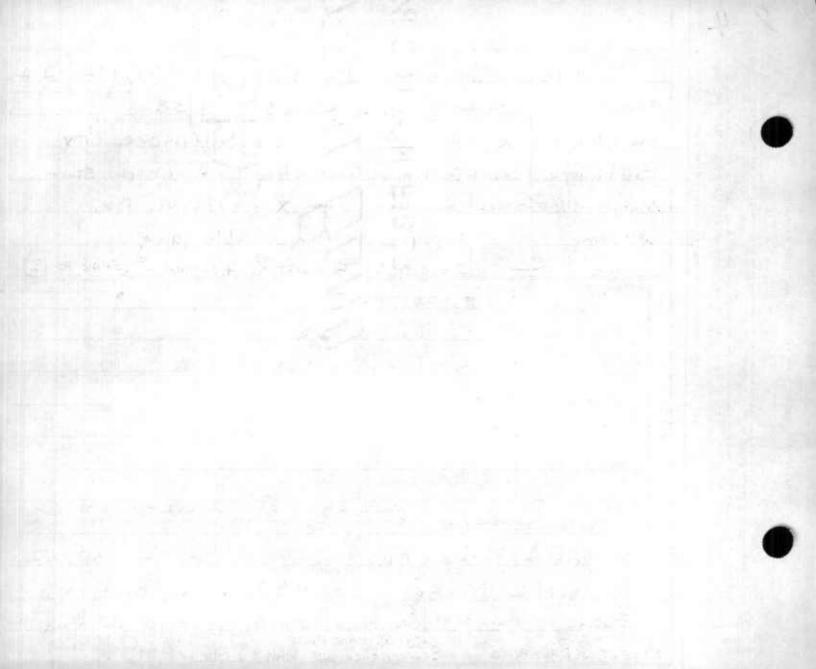


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		REGISTRAR CERTIFICATE OF DEATH REG. NO.	
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9 10	1	Helen Grace Hickman March 27,1	1982 2 Am
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g #3 #/-	10	[IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS] (TYPE OF WORK FOR MOST OF WORKING LIFT	E) INDUSTRY
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A PER S		22a I certify that	I took charge	e of the remains des	cribed above, held on	Autop	sy , Inspectio	n XX Inquiry .	and in my opinion		
MAN BELLY KALLEN		death resulted from	m: Notur	al couses XX	Accident	ovicide	, Homicide	Undetermined manner].		
WAR WAR		ACTUAL	1/1	12	20		TITLE (SPECIFY)				
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WOR S	-	EXAMINER'S NAME	/	1 6 00							
TO MEDICAL EXAMINER: THIS CE EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOUD BE FORWARDED TO FUNERAL DIRECTOR; PAGE 3 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P		(TYPE OR PRINT)	Hor	mez R. Gu	ard M.D.		ADDRESS 111	Penn Street			
₹ ₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩	23a.B	URIAL, CREMATION,			23c. NAME OF C			23d. LOCATION CITY OR TOWN	COUNTY	STATE	
BP		Burial		03/11/82			Veterans	Crownsville	/AA/Maryland		
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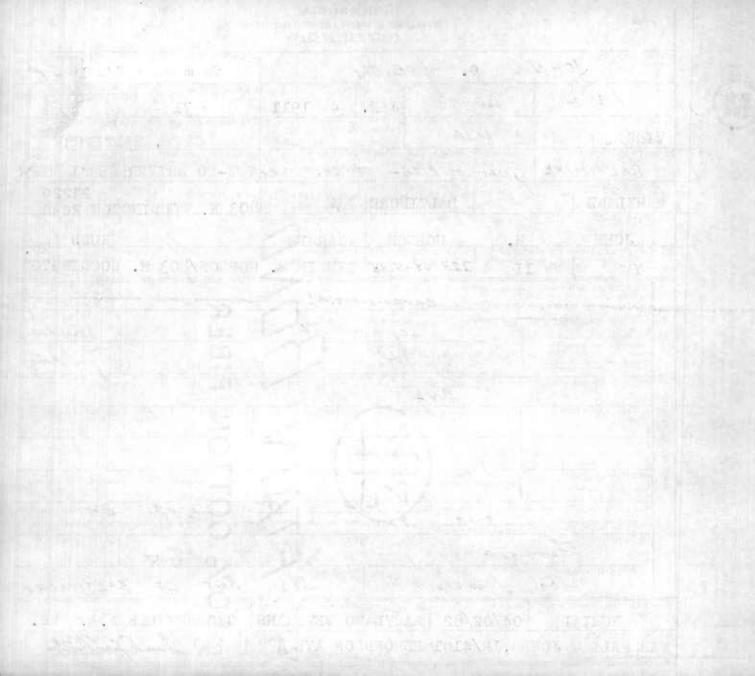
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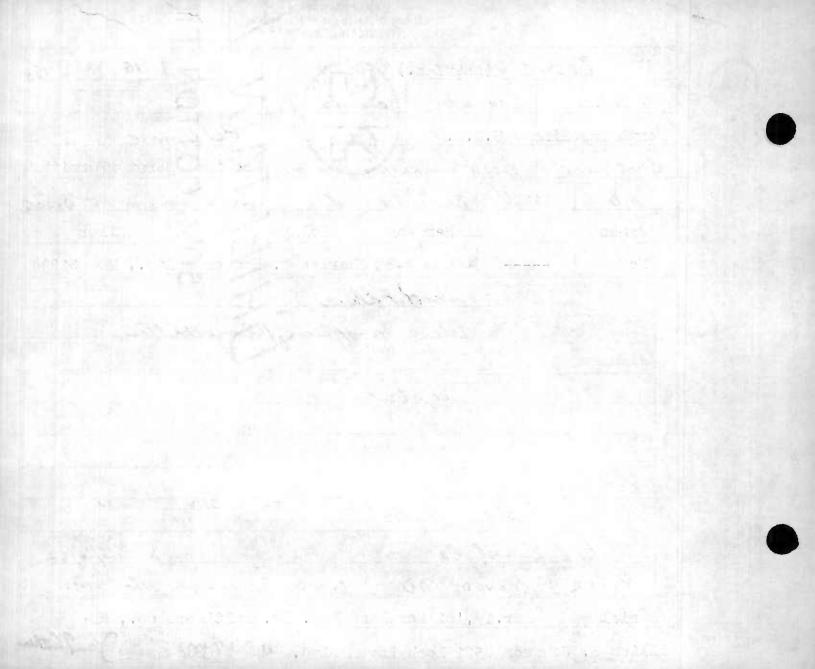
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO I DECEASED NAME 20 DATE OF DEATH 7h HOUR (TYPE OR PRINT) HILL TALMADGE 03-08-1982 Sr. 6 3 SEX 4. RACE DATE OF BIRTH 6 AGE LIN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS Male Black 1902 TO BIRTHPLACE ISTATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED New Jersey DIVORCED | Baltimore City, Maryland MD. WIDOWED ID CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION
(TYPE OF WORK FOR MOST OF WORKING LIFE)
Prof. & Coach
State Univ. Provident Hospital Baltimore MARYLAND 2120 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13e STREET ADDRESS 2503 Overland Ave. 136 COUNTY Maryland Baltimore Baltimore. Maryland 21214 A FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Eliza Anslem Hill Tynes Artis DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, 17 INFORMANIBaltimore ADDRESS Maryland 21214 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. (YES, NO OF UNKNOWN) I IF YES, GIVE WAR OR DATES) 212-38-0568 Mrs. Frances B. Hill 2503 OverlandAve APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for io), (b), and ic PART I. DEATH WAS CAUSED BY CARDIO PULMONARY MINUTES ARREST IMMEDIATE CAUSE (D) DUE TO, OR AS A CONSEQUENCE OF FAILURG HEMRI CON GESTIVE YEARS Conditions, if one, which gave rise to immediate couse (a), stating the HETTRT YEARS underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION DIABETES MELLITUS 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 19a DATE OF OPERATION 20a AUTOPSY? 20b. IF YES, WERE FINDINGS LISED IN CERTIFYING CAUSES OF DEATH? NO YES NO F 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 18 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 21d INJURY OCCURRED 211 LOCATION 21e. PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OF TOWN COUNTY STATE WHILE NOTAVHILE T AT WORK 22a. I certify that W (this hospital) attended the deceased from 19 **72** ond that in (my) parision death occurred on the date and hour and from the couses stated (did) (did not) view the body ofter death 22h SIGNATURE DEGREE ATTENDING STAFF MEDICAL PHYSICIAN DIRECTOR PHYSICIAN shauld be de with the Stat 22e ADDRESS PROUIDENST 23d. LOCATION 23¢ NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL Entombment Arbutus Mem. Park Baltimore County DHMH - 16 60M 1/75 (VRA 15 (4)) E. NUTTER Luneval Home 3035W. NORTH AMERICA

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	TO MEDICAL EXAMINER: 11 EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: 9 AFTER DEATH, WITH THE ST BALTIMORE, MARYLAND, 2	23a.B	URIAL CREMAT	ION REMOVAL 2	3b. DATE	23c NAME OF		R CREMATORY	123d. LOCATION			
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2		BURIAL BURIAL		NAME OF C	ND VETERAN	23d LOCATION CROWNSVI	
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	1.	FOR STATE REGISTRAR	DEPAR	TMENT OF	TE OF MARYLAND HEALTH AND MENTAL HYCE FICATE OF DEATH	REG. NO.	1646
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A A Con cond con cond con cond con cond cond		VAS DECEASED EVER IN U.S YES, NO OR UNKNOWN) (IF YE	s. ARMED FORCES? ES, GIVE WAR OR DATES) 216-40	4.7	William Ho	gg Jr. 4102 E	astmont Ave
Hint me death certificate 1066 WILL The decision of the control o		18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PRESUMED MYOCARDIAL INFARCTION DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. DUE TO, OR AS A CONSEQUENCE OF					
DR OR	TION		nt conditions <u>contributing to</u>				
E CONTRACTOR	CERTIFICATION	19a. DATE OF OPERATION	196 CONDITION FOR WHIC	196 CONDITION FOR WHICH OPERATION WAS PERFORMED			ES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES \(\text{NO} \)
SICIAN on physics conficult	MEDICAL CE	216. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF CONTRIBUTION MEDICAL EXAMPLES OF CONTRIBUTION OF CO	DE DEATH HOUR A.M. MONTH P.M.	DAY YEAR		RED (ENTER NATURE OF INJURY IN TEM 16	I. PART I OR PART 2)
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TO HOSPITA retained by TO FUNERA should be de with the Stat		ERIC J. S	EIFTER		JOHNS HO	PKINS HOSPITA	L
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DHMH - 16 50M 1/81 (VRA 15, 4)	74. FU	JNERAL DIRECTOR NAME Dabrowski	& Son 2818 E.	Balt	imore St.	TREE D. BY REGISTRAR 256. RECO	STRAR'S SIGNATURE

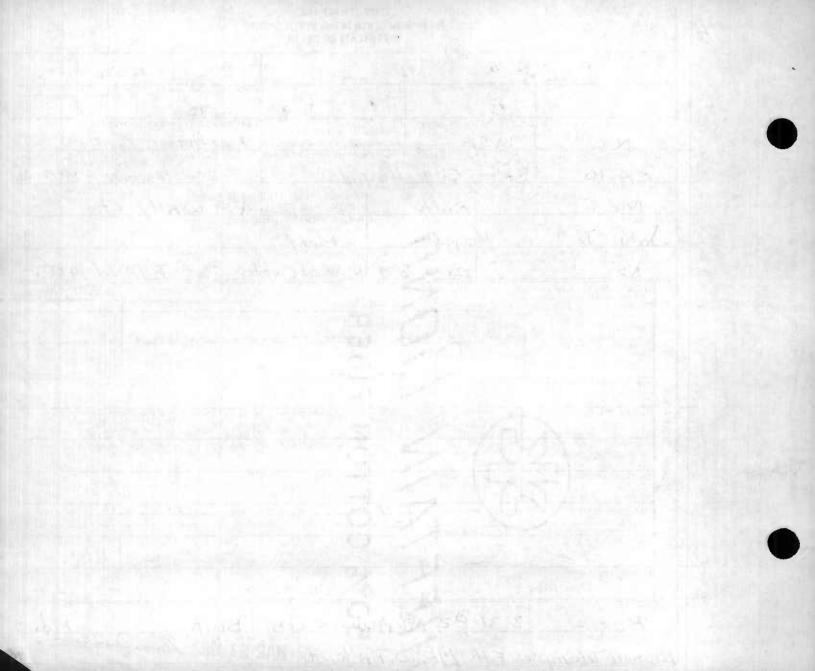
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/				STATE OF MARYLAND	0.0	0 6 6
	1.	FOR STATE	DEPAI	RTMENT OF HEALTH AND MENTAL H	IYGIENE Q 4	00 - 0
		REGISTRAR		CERTIFICATE OF DEATH	REG. NO	
		EASED NAME FIRST	WIGDLE	LAST		AONTH DAY YEAR 26. HO
	() ITE	Andrew	-	HOGGARD	3	26 82 720
3	3. SE)		4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTH	DAY) IF UNDER 1 YEAR IF UNDE
		0	2	MONTH DAY YEAR 9 15 0 9	75	MONTHS DAYS HOURS
7	o BII	THPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTR	Y? 8	9 BALTIMORE CITY OF	YRS. COUNTY OF DEATH
79	C	OUNTRY)	1150	MARRIED WEVER MARRIED	- 1/wa	- / /
4	10 CT	Y OR TOWN OF DEATH	11. NAME OF HOSPITAL NUR	WIDOWED DIVORCED [12ª USUAL OCCUPATION	
311	-	Rolto	(IF NOT IN SUCH FACILITY, GIVE STR		(TYPE OF WORK FOR MOST OF	WORKING LIFEL INDUSTRY
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33	110. 5	TATE 136 COUN	TY ISCUTY OF TO		13e. STREET ADDRESS	they ct.
	4. FA	THER'S NAME		15. MOTHER'S MAIDEN		
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		AS DECEASED EVER IN U.S. AR	MED FORCES? 160 SOCIAL SE		ADDRES	S
	(Y	ES, NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES)	-6/04 MARION CA	arter 5610	RIAND AU
1 =			lly ane cause per line far (a), (b).		TICIEV 36/0	1-11114011-
		PART I. DE ATH WAS CAUSE	DBY: M	anist		APPROXIMATE INTE
		IMMEDIA	E CAUSE (a) Cartis- /Ce JP	avecus, i		
		1850	DUE TO, OR AS A CONSEC	A 1	10 .	n literature
		Conditions, if any, which gave rise to immediate	(b) my	18tic Prastate Conc	more + Heart	arlend
		cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEC	DUENCE OF		
	87		(c)			
	Z O	PART 2. OTHER SIGNIFICANT	ONDITIONS CONTRIBUTING !	O DEATH BUT NOT RELATED TO THE TE	rminal disease or cond	ITION GIVEN IN PART Tra
1	CERTIFICATION	9a. DATE OF OPERATION	196 CONDITION FOR WHI	CH OPERATION WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINDINGS USE
9	Ĕ				YES TO NOT	IN CERTIFYING CAUSES OF DEA
T	CE	210. ACCIDENT WAS UNDERLYING		21c HOW INJURY OCC	URRED (ENTER NATURE OF INJURY	
		OR CONTRIBUTING CAUSE OF DEA		DAY YEAR		
7	MEDICAL	214 INJURY OCCURRED	21e PLACE OF INJURY	21f LOCATION		
	ž	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFIC	E FARM ETC } STREET	CITY OR TOW	COUNTY
			tal) attended the deceased from	10 8	2 10 3/2	6 10 FL shoet (1) 1
		saw the deceased alive an	7/26 10		. 10	e and have and from the causes si
9.8		abave, (1) (we) (did) (did na 22b. SIGNATURE	t) view the bady after death.	DEGREE		224. DATE SIGNED
		111		M 7) ATTENDING	MEDICAL STAFF	3/2/1.
-		224 PHYSICIAN'S NAME (TYPE O	D DDINITY	PHYSICIAN 122e ADDRESS	DIRECTOR PHYSICI.	AN 2 7 20/ 32
11		PARN		RALTO	Gt Hur,	
+	70 B	JRIAL, CREMATION, REMOVAL				
1		PECIEVI	1 - 1 0	NAME OF CEMETERY OR CREMATOR	Y 23d. LOCATION	COUNTY
2	4 FII	NERAL DIRECTOR	3-31-82	MI HUBUTH CEL	1 PA 140.	a M
Ľ		NAME	ADDRESS		AR 31 1982	name of the
14	31	COWN-INUMA	SON FIH. 1913	W. RAlto, Stil M	HIL OT DOC 1	U



DEPARTMENT OF HEALTH AND MENTAL HYCIENE

- STATE REGISTRAR		DEFARIN		ICATE OF DEATH		REG. NO.		
1. DECEASED NAME FIRS	T	MIDDLE	l	AST	20. DATE OF DE		DAY YEAR	26 HOUR
	Lorette	Hohrei	n		Mai	rch 2	7, 1982	2 10:45
3 SEX	4 RACE		5. DATE C		6. AGE IN YEARS	LAST BIRTHDAY)	MONTHS DATE	
Female	Whi	lte	Fe		70	YRS		HOURS MIN.
TOP BIRTHPLACE (STATE OR FOREIG	N 76 CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9. BALTIMORE			
Maryland	U.S	5.A.	WIDOWE		Ba1	timore	City	ME
10. CITY OR TOWN OF DEATH	11. NAME OF			OR OTHER INSTITUTION	120 USUAL OCC	UPATION	12b. KIND (OF BUSINESS OR
Baltimore		Agnes H		tal .	Homer	naker		Home
Maryland	ME ROTHER INSTITUTION OUNTY $\mathbf{A}\cdot\mathbf{A}$	GIVE RESIDENCE BEFORE 13c CITY OR TOWN GlenBur	1	13d INSIDE CITY LIMITS? YES \(\text{NO } \text{X}	13e STREET ADD	»RESS Whitma	n Drive	2
4. FATHER'S NAME	WIDDLE	LAŞT		15. MOTHER'S MAIDEN NAM		DDLE	1A	C7
Walter		Wain		Annie			Basfo	
WAS DECEASED EVER IN U.	S. ARMED FORCES?	166 SOCIAL SECUE		17 INFORMANT Daug.		ADDRESS	Same	as
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underlying couse los		K AS A CONSEQUE	ACE OF					
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190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYIN					YES T N		TIFYING CAUSE:	S OF DEATH?
210. ACCIDENT WAS UNDERLYIN				21c. HOW INJURY OCCURR				
		M. MONTH DA M.	Y YEAR					
OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICAL EXA 21d. IN JURY OCCURRED	21e PLACE	OF INJURY		21f. LOCATION				
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obove, (I) (we) (did) (c 22b SIGNA) URE	lid nat) view the body	ofter death.		DEGREE				E SIGNED/
Woods 1	Yssalal	M.D.	- 5	ATTENDING	MEDICAL _	STAFF	/ 3/	77/6)
22d. PHYSICIAN'S NAME	TYPE OF PRINT	///-		PHYSICIAN	DIRECTOR	PHYSICIAN L	1/0	+1100
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Dr. Ped					Ave. E		Md. 21	229
30. BURIAL, CREMATION, REMO	1000			EMETERY OR CREMATORY	23d. LOCATIO	NWC	COUNTY	STATE
Burial	Mar.	30,82 L	orra.	ine Park Cer	m Balt	imore		MD
14 FUNERAL DIRECTOR	13 Wm	2 Allihotes		25a. DATE	REC'D. BY REGI	STRAR 256 REGI	ISTRAR'S SIGNA	TURE

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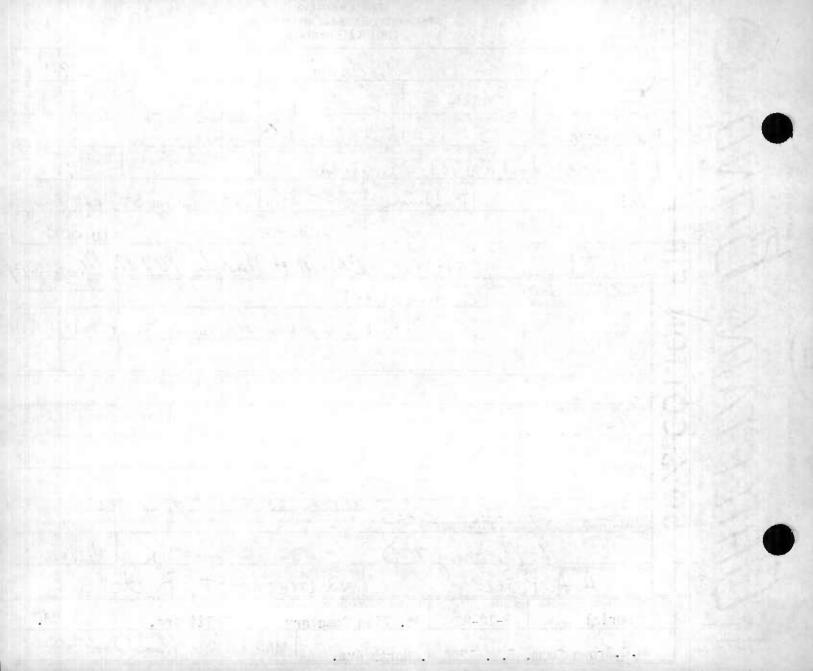
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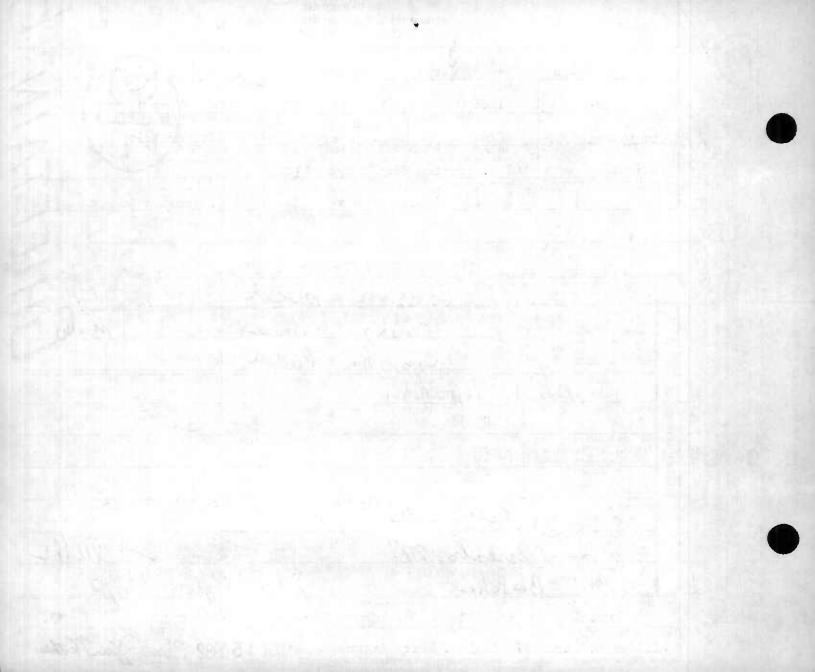
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17-1	١,	FOR	DEPA	RTMENT OF HEALTH AND MENTAL HY	GIENE B	0646/
	11.	- STATE REGISTRAR		CERTIFICATE OF DEATH		
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er o	10.5	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUE	SING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	12b. KIND OF BUSINESS OR
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S, uire bury	z	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	O DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION C	EVEN IN PART ITO
DIVISION OF VITAL RECORDS, NG PHYSICIAN: The low requir oftending physicion. Ifter this certificate has been sign os the buriol-transit permit. Then th and Mental Hygiene prior to b orked or frem 18 shows any injury	CERTIFICATION					
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DF VITA State of the state of	Ü	210. ACCIDENT WAS UNDERLYING		DAY YEAR 216. HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN ITEM)	8 PART I OR PART 2)
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te ep he		22b. SIGNATURE	1 1	DEGREE		22c. DATE SIGNED
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6	1 -	FOR STATE REGISTRAR	DEPAR		H AND MENTAL HYG TE OF DEATH	REG. NO	() ()	. 0 7
oy be oge 3 death		CEASED NAME RIPST PIRST PROLY	m1//ow	Hollar	nd .	20 DATE OF DEATH	3-73-8	2 1030
ge 4 mo) ector, po	3. SE)	male	Col.	5 DATE OF BIR	DAY YEAR	6 AGE (IN YEARS LAST BIRT		YEAR IF UNDER 24 HRS
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		PART I. DEATH WAS CAUSE	nly one cause per line for (a), (b), ED BY:	- Pulm	arrest		APP 6ETW	PROXIMATE INTERVAL VEEN ONSET AND DEATH
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., ING PHYSICIAN: The low requires that the death certifications by the ottending playsicion. When this certificate has been signed by the attending plays the buriol-tronsit permit. Then please remove carbong the and Mental Hygiene prior to buriol, cremation, or removed or them 18 shows any injury, or other troumatic even	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING ?	FOULLY		AINALPISEASE OR CONI		
he low r on. hos bee t permit. iene prio	CERTIFICATION	190 DATE OF OPERATION	Pertinu	L' Dioly	For Oscess	200 AUTOPSY?	20b. IF YES, WERE FIN IN CERTIFYING CAU YES	
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TTENDIN pritol or TOR: At for use o of Health			attended the deceased from 23 march 19		it in (my) (our) opinion	death occurred an the do	arch, 19 82 ote and hour and from	that (1) (we) last the causes stoted
the hos Al DIRECTOR AL DIRECTOR STORY OF THE DEPT.		Franklin	addison ?	m O DEGR	ATTENDING PHYSICIAN [MEDICAL STAI	FF 2	- 23-82
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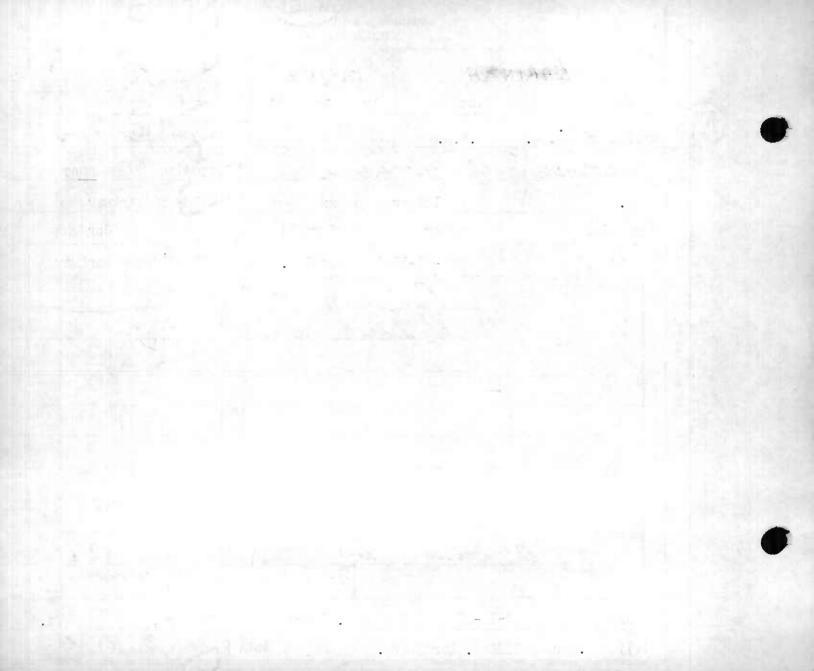
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO . DECEASED NAME 2a. DATE OF DEATH MONTH (TYPE OR PRINT) HENRY 3. SEX 5 DATE OF BIRTH 6. AGE LIN YEARS LAST BIRTHDAY IF INDER I YEAR IF UNDER 24 HRS YEAR Black Mal E CITIZEN OF WHAT COUNTRY? (STATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED BALTIMORE CITY WIDOWED DIVORCED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12g USUAL OCCUPATION 12b. KIND OF BUSINESS OR MINOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY JOHNS HOPKINS HOSPITAL 13a. STATE 13e. STREET ADDRESS, 13d INSIDE CITY LIMITS? YES NO T 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Jamas ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 105 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF SEPSIS Canditians, if any, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. SSILE TUMOR OF PELVIS PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? 210. ACCIDENT WAS UNDERLYING 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21s. PLACE OF INJURY 211. LOCATION AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE AT WORK 22a I certify that (1) (this hospital) attended the deceased from FEB saw the deceased alive an obove/(1)(we) (did) (did not) view the body after death. , and that in (my) (our) opinion death accurred on the date and hour and from the causes stated 22b. SIGNATUR DEGREE THE DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME (TYPE OF PRINT) 22e. ADDRESS IMPORTA should t WOLFE, J.H.H. BALTIMORE M 23a. BURIAL, CREMATION, REMOVAL 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Burial Greenville, S.C. 3/30/82 Flat Rock Bapt. Ch. 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256, REGISTRAR SSIGNATURE DHMH-16 30M 2/80 (VRA 15, 4) 1101 E. North Ave Burcho Wm C March F/H, Inc.

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omplete	Co	ornel ็ในร	Hooper*		Cornelia	MIODLE	Jordon		
be execution and c	160.	WAS DECEASED EVER IN U.S. AR/ YES, NOORUNKNOWN) (IF YES, GIVE	war or dates) 166 SOCIA 223-26	2-1994	Hazel A. Ho	oper 622 Wild			
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120's ING PHYSICIAN: The law requires that the death certificate be executed within 24 hours a ratherding physicion and completely filled in by street this certificate has been signed by the ottending physician and completely filled in by os the burial-transit permit. Then please remove carbanappers. Pages I and 2 should be file that hand Mental Hygiene prior to burial, cremation, or removal.	CERTIFICATION	PART I. DEATH WAS CAUSED Conditions, if ony, which gave rise to immediate cause last. PART 2 OTHER SIGNIFICANT C	D BY: E CAUSE (a) DUE TO, OR AS A CON (b) DUE TO, OR AS A CON (c)	Tastal SEQUENCE OF		nome deur	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
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38 BP	(BURIAL, CREMATION, REMOVAL SPECIFY) Burial	3-12-82		ot. Church	Lottsburg,	COUNTY Va.		
DHMH - 16 60M 1/75 (VR A 15 (4))		il Tam C. Brown	1206 W. North	h Ave.	25a. DA	AR 8 1982	REGISTRAR'S SIGNATURE		



DEPARTMENT OF HEALTH AND MENTAL RYCIENE

TRAIN MASTER

13e. STREET ADDRESS

STATE REGISTRAR			CERTIFICATE OF		REG. NO.		
DECEASED NAME	FIRST MIDDLE		LAST		20. DATE OF DEATH MONTH	DAY YEAR	26. HOUR
- Contract	Franc	is G.	Hoskins	Jr	March 4	, 1982	2:35P
SEX		4 RACE	5. DATE OF BIRTH		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
M.	EU (0)	w	MONTH DAY	1914	67 YRS.	MONTHS DAYS	HOURS MIN.
BIRTHPLACE (STATE OR FOREIGN		6 CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER		9. BALTIMORE CITY OR COUNTY	OF DEATH	
PA.		U.S.A.		OIVORCED [Baltimore Ci	ty	MI
		11. NAME OF HOSPITAL, NURSIN		NOITUTITE	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIF		F BUSINESS OR

Baltimore Maryland General Hospital USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130. STATE
13b. COUNTY
131. CITY OR TOWN 13d. INSIDE CITY LIMITS? MO HOWARD COLUMBIA 4 FATHER'S NAME MIDDLE

ARMED FORCES?

LIF YES, GIVE WAR OR DATEST

4908 CANUASSBACK CT 15. MOTHER'S MAIDEN NAME MIDDLE EDITH

CORTER

RAILROAD

166 SOCIAL SECURITY NO. 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)

HOSKINS SH

MARJORIE C. HOSKINS Intracerebral and Intraventricular

Hemorrhage

17. INFORMANT WIFE

COLUMBIA MO 2104 35 hours

Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost

PART I. DEATH WAS CAUSED BY

FOR

FRANCIS

NO

DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0

Atherosclerotic Cardiovascular Disease, and Renal Insufficiency 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY IN CERTIFYING CAUSES OF DEATH?

710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH LIFEITHER NOTIFY MEDICAL EXAMINER

NOT WHILE

71h TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 21e. PLACE OF INJURY

AT HOME, STREET, FACTORY, OFFICE, FARM, ETC)

211. LOCATION

214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18. PART 1 OR PART 2)

YES

COUNTY STATE

NO F

sow the deceased alive on March 4 above, (A (we) (did) (A 4 bit) view the body after death. 226. SIGNATURE

21d INTURY OCCURRED

DEGREE

February 11

82

ATTENDING PHYSICIAN

MEDICAL DIRECTOR PHYSICIAN

and that in (aur) apinion death accurred on the date and hour and from the causes stated

CITY OR TOWN

22c. DATE SIGNED

22d. PHYSICIAN'S NAME (TYPE OR PRINT

22e ADDRESS

DRUID RIDGE CEM

3/4/82

Robert Ammlung, M.D.

23a. BURIAL, CREMATION, REMOVAL

c/o Maryland General Hospital 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION

BALTIMORE COUNTY

BURIAL 24. FUNERAL DIRECTOR

MEDICAL

00

9

JOSEPH L. CANBY 12590 INDIAN HILL DE

22a. I certify that this haspital) attended the deceased from

March 4

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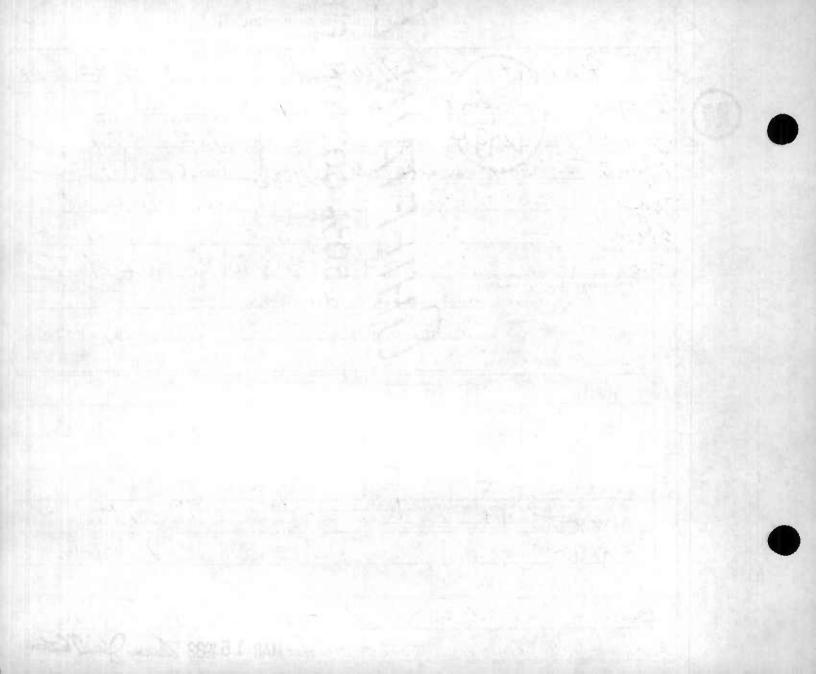
250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

DHMH-16 50M 1/81 (VRA 15, 4)

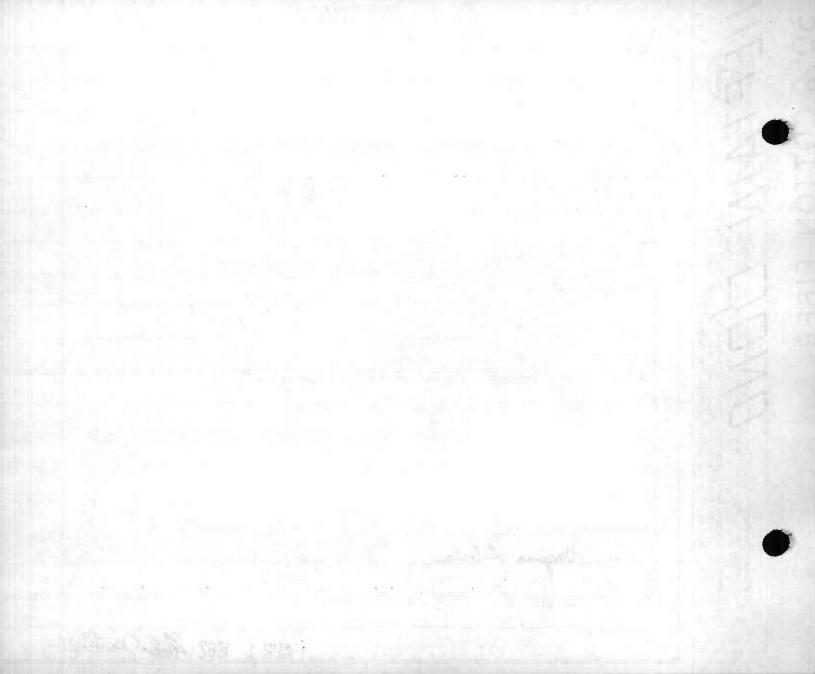
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) OF ESTI-DEATH MATED Dora Howel 3. SEX 4. RACE DATE OF BIRTH A AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE 2d. HOUR LAST BIRTHDAY 7:30 YEAR PRONOUNCED 5 13 10 71 DEAD female nearo 5.1, 2, AND 3.TO THE FUNERAL D PM. 3. RETAIN PAGE 5.FOR YOU ND 2.SHOULD BE FILED, WITHIN 7 VIȚAL RECORDS, 201 W. PRESTOI 7a. BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH FOREIGN COUNTRY) MARRIED NEVER MARRIED N.C. USA WIDOWED DIVORCED Baltimore City ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS FOR MOST OF WORKING LIFE! (IF NOT IN SUCH FACILITY GIVE STREET ADDRESS) OR INDUSTRY Baltimore Mason Ct USUAL RESIDENCE LIFTIN NURSING HOME OR OTHER INSTITUTION. GIVE RESIDENCE REFORE ADMISSIONAL 3m STATE 136 COUNTY 321 Mason Ct. 13d. INSIDE CITY LIMITS? MD Baltimore 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME GES 1, 8. GIVE PAGES 1, WITH FORM PM IT. PAGES 1 AND 2 DIVISION OF XIT FIRST MIDDLE Williams Joe Nettie Oliver 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17. INFORMANT ADDRESS (YES, NO. OR UNKNOWN) N/A Alvie Oliver 1816 Benson Lane No 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) WEDICAL EXAMINER ALONG WAS A BURIAL-TRANSIT PERMIT. ALTH AND MENTAL HYGIENE, D CREMATION, OR REMOVAL. PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Hypertensive & arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Conditions of any, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 101 USED AS A 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? WORD "P 20 AUTOPSY? E 3 SHOULD BE E DEPARTMENT OF YES [NO X ICATE, WRITING THE WC FORWARDED TO THE TOR: PAGE 3 SHOULD B 21g EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 71d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. 21f LOCATION EXECUTE THE CERTIFICATE, WKITING ANGE & FORWARDED TO FUNERAL DIRECTOR: PAGE 31 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P STREET, FACTORY, FARM, ETC.) CITY OF TOWN COUNTY WHILE AT WORK 220. I certify that I took charge of the remains described above, held an Autopsy Inspection and in my apinion Inquiry death resulted from: Natural causes Hamicide Suicide Undetermined manner TITLE (SPECIFY) Assistant MEDICAL EXAMINER 3-30-82 SIGNATURE EXAMINER'S NAME Virginia L. Dolan, M.D. 111 Penn St., Balto., Md. 230 BURIAL, CREMATION, REMOVAL 236. DATE 23¢. NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY STATE Burial Mt. Auburn Cem 24. FUNERAL DIRECTOR 25a. DATE REC'D. **DHMH-17** 1101 E. North Ave. Wm. C. March F/H (VR A15 ME (5)) 15M 2/80



Hubbard Funeral Home, Inc. 4107 Wilkens Avenue

- STATE

REGISTRAR

24 FUNERAL DIRECTOR

DHMH - 16 50M 1/81 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

26 HOUR

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I. DECEASED NAME

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FIRST

- STATE

DHMH - 16 50M 1/81

(VRA 15, 4)

Baltimone (TYPE OF WORK FOR MOST OF WORKING LIFE ustodian HOMPMAKOR Ret. 21230 5+. 705 HARNE. Albenz ADDRESS Mr. Irvin T. Huber, 519 Queen Ann Ave. Odenton APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH YEAR PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CITY OR TOWN COUNTY STATE (aur) apinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED STAFF DIRECTOR PHYSICIAN Glen Burnie, A. A. Co. Maryland 24 FUNERAL DIRECTOR Tully Funeral Home, 130 E. Fort Ave. Balto. Md.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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IF LINDER LYEAR

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IF UNDER 24 HRS

2a DATE OF DEATH

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2.852	station . Locality	B. N. Bush	11/1/2011/11	Ca willy I new

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME CIRCI MIDDLE 20 DATE OF DEATH MONTH 26 HOUR LTYPE OR PRINTS LURENA HUGHES 3 SEX 4 RACE DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER TYEAR IF UNDER 24 HRS MOSTH Black 22 98 83 Female To. BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED USA VA Baltimore City WIDOWEDX DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126. KIND OF BUSINESS OR (IE NOT IN SUCH EACILITY, GIVE STREET ADDRESS) TTYPE OF WORK FOR MOST OF WORKING LIFE! UNTON MEMORIAL HOSPITAL BALTIMORE USUAL RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION 13a STATE 13b COUNTY 13e STREET ADDRESS Baltimore MD 4419 Old York Rd. YES K NO 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIODLE N. James Hughes Emma Reed 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT (YES NO OR UNKNOWN) LIF YES GIVE WAR OR DATEST 217-22-6832 Mary Bond 4419 Old York Rd. No APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) UNKNOWN STICLOGU DUF TO, OR AS A CONSEQUENCE OF 2º VALVULAR HEART DISEASE Conditions, if any, which gove rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 10: 1. DIABETES MELLITUS Z. CHRONIC RENAL FAILURG 3. ANEMIN 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 70n AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES | NO F 71a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART | OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 19 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) SIRFET NOT WHILE AT WORK 3/4 22a. | certify that (1) (this haspital) attended the deceased from 22, and that in (my) (aur) opinion death occurred on the date and hour and from the causes stated sow the deceased olive on_ above, (1) (we) (did) (did not) view the body after death.

226. SIGNATURE

DEGREE 22e. ADDRESS

23c NAME OF CEMETERY OR CREMATORY

Cedar Hill Cem.

ATTENDING PHYSICIAN

MEDICAL STAFF DIRECTOR PHYSICIAN

Baltimore

22c DATE SIGNED

Burial

23a BURIAL, CREMATION, REMOVAL

FRANK JACKSON

UNION MEMORIAL HOSP.

Co.

DHMH - 16 50M 1/81 (VRA 15, 4)

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3/18/82

Carline C. March 1101 E North Ave. E 1 10182 where Jan 1888

NTTER Enmeral Home 3035 W. NURTH AVE

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIF	ICATE OF DEATH	REG. N	0.	Proc.	
(TYP	PECRASED NAME HAYES	S NMI	Hi	IRLEY	20 DATE OF DEATH	3-10	-82	515 AM
3. SE	MALE E	AUCASIAN	5. DATE O	- 22- 28	6. AGE (IN YEARS LAST BIR		UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
K	ENTUCKY	U.S.A.	MARRIE WIDOWE	DIVORCED X	BALTIM	_	FDEATH	Y MD
B1	ALTIMORE /	(IF NOT IN SUCH FACILITY, GIVE STREET LNIVERSITY	OF /	TARYLAND A	120 USUAL OCCUPATION OF COMMON TO SPECIAL MECHA	OF WORKING LIFE)	INDUSTRY	Auto
M	AL RESIDENCE HE NURSING HOME OR OTH STATE 130 COUNTY ARYLAND HONTE	13c CITY OR TOW	N _	136 INSIDE CITY LIMITS? YES NO	130 SIREET ADDRESS	GHWAC	. 7	۵,
14 F	ATHERS NAME FIRST TO HN NM	I HURCE	FY	POLLY	NHZ	SMIT	ZH LAST	
160	WAS DECEASED EVER IN U.S. ARME	AR OR DATES) . A	- 950	John Hurle	16 W. I			e #203
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	220.1 certify that this hospital saw the deceased alive on obove. (1) (mg (did) (did and v	90rch 9 19		d that in (my) opinion d	death accurred on the di		and from the c	
	22d PHYSICIAN S DIAME (1YDE OR PR	TEWART, M.	1,	PHYSICIAN D	DIRECTOR PHYSIC		fr. 3	25. green

230 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

3-13-82

Hurley Family cemetery Vulcan

West Virginia

FUNERAL DIRECTOR Tyson Wheeler Funeral Home, Inc. 1331 Rockville Pike Rockville, Md. 20852 24 FUNERAL DIRECTOR

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE (1)-

DHMH - 16 50M 1/B1 (VRA 15, 4)

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STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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NH-16-50W 1781 (VRA 15, 45

- STATE

(TYPE OR PRINT)

3 SEX

REGISTRAR

DECEASED NAME

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

HUTCHINS

REG. NO

2n DATE OF DEATH MONTH 26 HOUR 4. AGE (IN YEARS LAST BIRTHDAY)

5. DATE OF BIRTH White Aug. 1903 TE CITIZEN OF WHAT COUNTRY?

MARRIED NEVER MARRIED 1. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

BALTIMORE CITY OR COUNTY OF DEATH

Baltimore City, Housewife

126. KIND OF BUSINESS OR INDUSTRY Home

Good Samaritan Hospital OME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONS Baltimore

BARBARA

1 RACE

Anderson

17 INFORMANT

Sophia

MIDDLE Louisa ADDRESS

8702-A Raven Drive

Zeller

166 SOCIAL SECURITY NO HE YES, GIVE WAR OR DATES)

MARTHA

U.S.A.

13d. INSIDE CITY LIMITS?

15 MOTHER'S MAIDEN NAME

Paul H. Hutchins, Jr. Balto., MD21204 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

MMEDIATE CAUSE to DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED

216. TIME OF INJURY

20a AUTOPSY? NO

216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2)

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

HOUR A.M. MONTH DAY YEAR (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED

P.M 21e. PLACE OF INJURY AT HOME STREET FACTORY, OFFICE, FARM ETC)

211 LOCATION

CITY OR TOWN

COUNTY STATE

abave, (1) (we) (did) (did nat) view the body after death

DEGREE ATTENDING 22e ADDRESS

MEDICAL PHYSICIAN DIRECTOR PHYSICIAND

and that in (my) (aur) apinian death accurred on the date and haur and fram the causes stated

7% DATE SIGNED

230 NAME OF CEMETERY OR CREMATORY

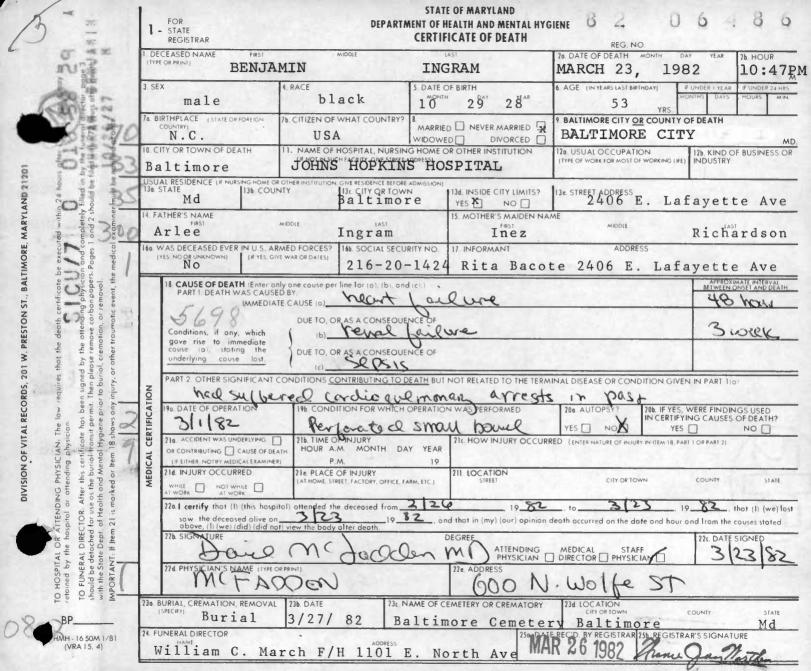
Mar.19, 82 Moreland Mem.

Park Baltimore Co...

Burial 24 FUNERAL DIRECTOR

William E. Johnson 8521 Loch RavenBlvd.

Year Weather

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